



Project CommuniTree

A program of Forest ReLeaf of Missouri

Application

Please print or type. Attach a separate sheet if necessary. A separate application form is required for each project.

APPLICANT INFORMATION

Name of group/organization _____

Type of group/organization _____

Name of contact person _____

Street address _____ Suite/Apt. _____ City _____ State _____ Zip _____

Daytime telephone _____

Alternate telephone _____

Fax number _____

E-mail address _____

PROJECT INFORMATION

Proposed planting date ____/____/____ Planting site/address _____

Please note that if anyone other than the applicant is picking up the trees, digging the holes, planting, or maintaining the trees, you must attach written confirmation of this from the party responsible for doing the work.

Who will pick-up the trees, dig the holes, and plant the trees? _____

Please give a detailed description of the planting site (specific location information is necessary for site visits):

What do you believe will be the benefits of your project? _____

PROJECT PARTICIPANTS

Please describe project participants (volunteers, professionals, etc.) and detail any publicity for the project. (Please recognize Forest ReLeaf of Missouri in any promotion.)

COST ESTIMATE

Please provide detail on *your* contributions to the project:

LABOR (please estimate) _____ hours x _____ # of volunteers = _____ total hours

SUPPLIES & EQUIPMENT (i.e. mulch, fertilizer):

Donated _____

Purchased _____

TREE CARE PLAN

How will the trees be maintained and by whom? _____

Describe your maintenance and tree care schedule.

Watering _____

Mulching _____

Staking _____

Fertilizing _____

Pruning _____

Check for disease _____

TREE REQUEST

<u>Species</u>	<u>Quantity</u>	<u>Species</u>	<u>Quantity</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Send completed application, copy of planting plan, and any applicable permissions/approvals to:

**Project CommuniTree
Forest ReLeaf of Missouri
4207 Lindell Boulevard
Suite 301
St. Louis, MO 63108
Fax: 314-533-0016**

Questions? Call 314-533-5323 or 1-888-473-5323 toll-free.