

**GARDEN CITY
TREE CARE GRANT PROGRAM APPLICATION**

PROJECT NAME:

A. APPLICANT

1. Name: _____
2. Address: _____
3. Telephone: Home: _____
Work: _____

B. PROJECT INFORMATION

1. Building Address: _____
2. Legal Description: _____
3. Ownership: _____
4. Leasehold Interests (attach evidentiary materials)
Name: _____
Address: _____

C. PROJECT DESCRIPTION:

1. Attach proposed tree planting plans (variety of trees, location, etc.). Projects must include appropriate traffic safety measures, if any.

Applicant, by virtue of signature on this application document and upon acceptance of funds provided by the Garden City Tree Care Grant Program agrees to the terms and requirements of the Tree Care Grant Program.

Signature

Date