



Project CommuniTree

A program of Forest ReLeaf of Missouri

Application

Attach a separate sheet if necessary. **A separate application form is required for each project.**

APPLICANT INFORMATION

Name of group/organization

Name of contact person /project manager

Email

Street address

City

State

Zip

Cell phone number

Alternate telephone

Name of person who will pick up trees

Pickup person's cell phone #

PROJECT INFORMATION

____/____/____
Proposed planting date

Planting location (Forest Park e.g.)

Property owner (City of St. Louis, e.g.)

Planting location address

City

County

State

Zip

Is there special funding for this project?

YES

NO

If so, from whom? _____

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? _____

TREE CARE PLAN

How will the trees be maintained and by whom? _____

Describe your maintenance and tree care schedule:

Watering _____

Mulching _____

Staking _____

Pruning _____

Checking for disease _____

We ask that you do not fertilize our trees at planting time.
Salt-based fertilizers dry out the soil and require additional watering to prevent injury to the tree.

TREE REQUEST

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

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**Forest ReLeaf relies on donations from individuals like you to sustain our free tree programs.
Please consider including Forest ReLeaf in your giving plans.**