## **Coalition for the Upper South Platte/ARRA**

## Application for Community Wildfire Protection Plan Assistance and Funding

Date Submitted:			
Community and Location:		County:	
Community Contact	:		
Name		Phone	
Mailing Address		email	-
City, St. Zip			
Type of Application:			
New CWPP	Update existing CWPP	CWPP Implementation Funding	
Please describe brie	fly what you hope to accompl	lish if your application is selected as a priority:	
Please discuss who	will benefit if this project is co	ompleted: (community size, structures protected, etc.)	