GRASSLAND ECOLOGICAL POTENTIAL AND RESTORATION EFFECTIVENESS EVALUATION

NARRATIVE STATEMENT

(Authority 2 CFR 200.204)

FS-6200-0049 (REV. 07/2024)
OMB No. 0503-0028
Exp. 11/30/2025

Must Match box 8 in the SF-424:

Project Title:

Applicant Name:

Applicant E-mail:

Applicant Phone Number:

Applicant Physical Address:

Select the organization that you represent:

Nonprofit Organizations and Community Groups:

- ☐ Not Applicable
- ☐ 501(c)(3) (or has applied)
- ☐ 501(c)(4) (or has applied)
- ☐ Group without 501(c)(3) or (c)(4) status
- ☐ Community Board
- ☐ Faith Based Organization
- ☐ School-Affiliated Group

Government Entities:

- ☐ Not Applicable
- ☐ City/Local Government
- ☐ County Government
- ☐ Federal Government
- ☐ Tribe
- ☐ State Government
- ☐ Other Government

Higher Education Institutions:

- ☐ Not Applicable
- ☐ College
- ☐ University

For-Profit Entities:

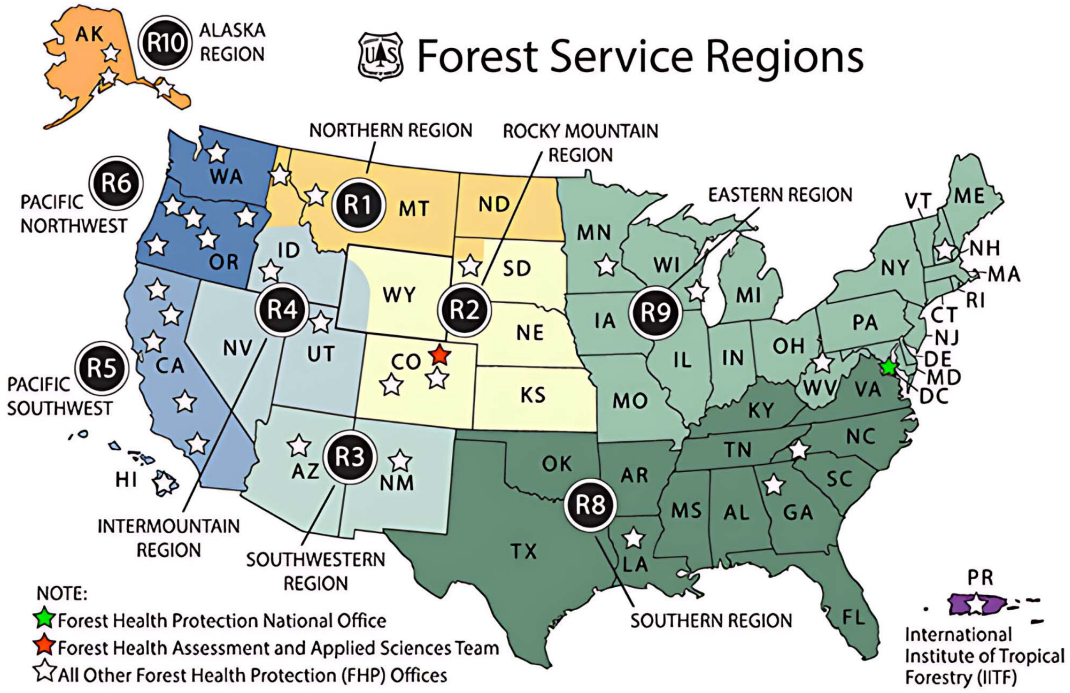
- ☐ Small business
- ☐ Other- Please describe:

Other:

- ☐ Other - Please describe:

1. What is your timeline for implementing this action? If additional space is needed, please use the referenced Attachment form.

2. Below is a map of the US Forest Service geographic regions. Please select the region(s) you currently work and/or have the capacity to work.



- [ ] Northern Region (R1)
- [ ] Rocky Mountain Region (R2)
- [ ] Southwestern Region (R3)
- [ ] Intermountain Region (R4)
- [ ] Pacific Southwest Region (R5)
- [ ] Pacific Northwest Region (R6)
- [ ] Southern Region (R8)
- [ ] Eastern Region (R9)
- [ ] Alaska Region (R10)
- [ ] Puerto Rico (PR)
- [ ] American Samoa
- [ ] Guam
- [ ] Northern Mariana Islands
- [ ] Virgin Islands

3. Please list the state(s) in which you currently work and/or have the capacity to work.

4. Describe how this project scope fits within your organization's mission, and how it serves as a shared mutual interest and benefit between the Forest Service and your organization.

5. Describe the key personnel who will be involved in this project.

6. How will this project serve or impact communities that are disadvantaged, historically undeserved, marginalized, or have been adversely affected by persistent poverty or inequality?

7. Briefly describe an existing or potential project in which you would be interested in partnering with USDA Forest Service. Please include the goals, objectives, and describe any experience your organization has with how it relates to the USDA Forest Service "Program Overview/ Statement of Work."

8. What experience does your organization have in utilizing ecological classification systems to determine ecological potential across landscapes?

9. What experience does your organization have in evaluating the effectiveness of restoration activities?

10. What experience does your organization have conducting natural resource monitoring, analyzing monitoring data and producing associated summaries and/or reports?

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995, a Federal agency may not conduct or sponsor, and a person is not required to respond to, an information collection request unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection request is 0503-0028. Response to this information collection request is required to obtain or retain benefits. The authority for this information collection request is Notices of Funding Opportunities (2 CFR 200.204). The time required to complete this information collection request is estimated to average 40 hours per response, including the time for reviewing instructions, searching existing data sources, collecting and maintaining the data needed, and completing and reviewing the information collection request. Send comments regarding this burden estimate or any other aspect of this information collection request, including suggestions for reducing the burden, to the USDA Forest Service email address SM.FS.InfoCollect@usda.gov, with OMB control number 0503-0028 in the subject line.

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