



Forest Service
U.S. DEPARTMENT OF AGRICULTURE

Project Narrative Statement

Recreation Sites and Visitor Services: Creating Quality Recreation Experiences

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:

501(c)(3) (or has applied)

501(c)(4) (or has applied)

Group without 501(c)(3) or (c)(4)
status

Community Board

School-affiliated Group

Religious Congregation

Government Entities:

City/Local Government

Indigenous Tribe

County Government

State Government

Federal Government

Other Government

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. Where will the proposed project be located? Specify the National Forest/National Grassland and USDA Forest Service District where the proposed project might take place if that pertains.

https://upload.wikimedia.org/wikipedia/commons/b/bb/USA_National_Forests_Map.jpg

3. 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.

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

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

6. 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."

7. Briefly describe your experience managing field crews, including volunteers as well as any experience navigating to specific locations (sometimes in remote areas) using a topo map and compass, and or Global Positioning Device (GPS).

Paperwork Reduction Act Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995, unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0503-0028. Without this approval, we could not conduct this outreach of interest of collection. Public reporting for this information collection is estimated to be approximately 3 hours or less per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to the U.S.D.A. Forest Service email address SM.FS.InfoCollect@usda.gov and include the OMB Control Number in the subject line.