
# **2014 Aquatic Invasive Species Spread Prevention Grants:**

# **APPLICATION FORM**

*Applications must use the format below and provide all of the information requested to be considered for review.*

1. Summary Page

On a single page, please provide the following information in the order shown:

***Project Name/Title:***

***Project Category:*** Aquatic Invasive Species Spread Prevention

***Contact Information:***

Name of Contact Person:

Authorized Signatory and Title (if different from Contact Person):

Organization:

Mailing Address:

Phone and FAX numbers:

E-mail Address:

***Eligibility:*** Please list all of your organization’s current Lake Champlain Basin Program grants. Any organization with an existing award that has overdue workplans, reports, or other deliverables is ineligible and should not apply.

All new projects will be required to submit a workplan within sixty days after award notifications are made. Projects must be initiated no more than six months after award notification. If these deadline specifications are not met then awards will be lost.

***Amount of LCBP Request:*** *($15,000 maximum)*

***Organization Mission Statement***: (3-5 sentences)

***Brief Project Summary:*** Please describe your project in 3-5 sentences

 ***Project Outcome/Deliverable:***  Please provide one sentence describing measurable project outcomes.

**□ I have read the QAPP guidelines and expect that this proposed task**

 **□ will** require a QAPP

 □ will not **require a QAPP**

1. Application Questions

Please answer the following questions in order, using no more than 3 pages combined (**12 point Times New Roman (or equivalent) font or larger, minimum 1 inch margin on all sides**). Complete applications should be no longer than 5 pages in length (1 summary page, 3 pages for application questions/answers, 1 budget page). **Additional pages, with the exception of letters of support (3 maximum) will NOT be reviewed.**

Please include both the questions and your answers in the narrative, which should describe your project as directly and concisely as possible. The review committee will evaluate your application based on your answers to these questions, according to the criteria listed in the *Grant Guidelines*.

1. Describe your project and document the need for this work to be accomplished. If part of a larger project, please describe in detail the portion of the project for which you are seeking LCBP funding. Are you aware of other organizations doing similar work? If your project will take place on private land, how will it benefit the broader community?
2. Explain how your project addresses aquatic invasive species spread prevention priorities or any of the other priorities in *Opportunities for Action.* Identify measurable environmental outcomes from your project (e.g. area of water chestnut harvest, number of days of boat launch steward coverage, number of sites surveyed for invasive species).
3. Please use the **example format below** to describe your project objectives, tasks to fulfill these objectives, deliverables produced by each task, and timeline for task completion.

**Project Objective, Task, Deliverable and Timeline Table Format** (please fill in for your application)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Task #** | **Objective** | **Task** | **Deliverable** | **Timeline** | **Cost**  |
| 0 | Develop a QAPP (if necessary) | Describe quality assurance procedures that will maintain project performance. | QAPP approval | March/April2015 | $293 |
| 1 | Plan water chestnut harvesting | Determine schedule of days and locations for harvests and publicize to volunteer groups. | Calendar of harvest | May 2015 | $1,069 |
| 2 | Conduct harvest | Coordinate volunteers and equipment.  | Pounds of water chestnut harvested, number of harvest hours  | July-August 2015 | $9,900 |
| 3 | Conduct outreach | Contact local media and provide press releases, with credit to funding source(s). | Estimate of number of people educated about this work | July – October 2015 | $1,406 |
| 4 | Complete final report | Compile project summary, plans, articles, photographs. | Final report | January 2016 | $2,025 |

1. Please explain the techniques and methods you and your partners will use to complete the project tasks. Are there feasibility issues to be worked out (permits needed, landowner permission, or technical issues)? Please explain.
2. Describe your experience with similar projects. Who will be involved in the proposed project (staff, volunteers, board members)? Does your project involve the local community?
3. Complete a Budget Table, based on the guidelines provided in Section C, below. The total funding request must be within the limit of the grant category. Vague or inflated budgets will not be competitive.

C. Budget Table and Justification

Please use the format below for your budget table.

* If the LCBP request is part of a larger project, please indicate the estimated total project value and the funding source.
* All expenses should be placed into one of the following major categories:
	+ Direct Costs - subcategories include: Personnel, Fringe Benefits, Travel, Supplies, Professional Services.
	+ Indirect Costs – Not to exceed 21% of direct costs. Include general office and operating expenses, insurance, bookkeeping, etc. Please refer to the *Grant Guidelines* for more information about direct and indirect costs.
* List additional specific expense categories where appropriate.
* Budget items should be divided into tasks, reflecting the project timeline above, and clearly indicate which work components will be paid for with LCBP funding from this grant and which will be from other sources, if applicable, as shown in the budget table below. At minimum, show which items will be covered by the LCBP grant and which items will be part of your matching contribution (if matching contributions will be used). List other sources of funding that are not being used as match (such as other federal funds) below your budget table, as shown.
* In addition to the budget table, please include a brief justification for each line in each task in your budget, as in the following example:
* **Personnel:** Staffing for QAPP development (Task 0) 5 hrs @ $*aa.bb*, for initial project planning & outreach for site ID (Task 1) 20 hrs @ $xx.yy, project execution (Task 2) 1000 hrs @ $yy.zz, education & outreach (Task 3) 15 hrs @ xx.xx, and Project wrap-up and reporting (Task 4) 40 hrs @ $xx.zz. Proposed match includes staff time and volunteer time for all tasks.
* **Fringe:** Fringe refers to benefits and is calculated as an appropriate percentage of personnel costs for each Tasks (this example uses 30% of personnel costs). Proposed Match can include unrecovered costs to applicant not included in this grant request.
* **Supplies:** Examples are photocopying (Task 1), planting equipment (Task 3), a software license to process data (Task 4). Match includes the value of donated materials, including plants.
* **Professional Services:** Hiring a subcontractor for BMP installation in Task 3. Match includes non-federal funds from a different grant source.
* **Indirect:** Indirect includes real expenses that are part of the cost of doing this business, but not directly expended on tasks. Examples include paying an auditor at the end of the year, insuring the office, or other expenses that are not directly supporting these tasks, but are necessary expenses in order to handle this work. Indirect is calculated at an appropriate percent of direct costs for all tasks (the example of 12.5% used here may be higher or lower than your indirect.

**NEW format in 2014: Project Budget Table Format** (Dollar values for illustration purposes only.)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Project Budget: Line Item by Task** |  |  |
|  ***Line Item*** | **Task 0** | **Task 1** | **Task 2** | **Task 3** | **Task 4** (add or remove columns as needed) | ***Line Item* *Totals* for All Tasks**  | Proposed Match (if any) | *Line Item* *Totals* + Proposed Match |
| Personnel |  $200  |  $500  |  $5,000  |  $500  |  $1,000  |  $7,200  |  $3,000  |  $10,200  |
| Fringe |  $60  |  $150  |  $1,500  |  $150  |  $300  |  $2,160  |  $1,030  |  $3,190  |
| Travel | $0 |  $100  |  $300  |  $100  | $0 |  $500  |  $400  |  $900  |
| Supplies | $0 |  $200  |  $2,000  |  $500  |  $500  |  $3,200  |  $1,200  |  $4,400  |
| Professional Services | $0 | $0 | $0 | $0 | $0 | $0 |  $1,000  |  $1,000  |
| **Total Direct** |  $260  |  $950  |  $8,800  |  $1,250  |  $1,800  |  $13,060  |  $6,630  |  $19,690  |
| Indirect |  $33  |  $119  |  $1,100  |  $156  |  $225  |  $1,633  | $0 |  $1,633  |
| **TOTAL BUDGET** |  $293  |  $1,069  |  $9,900  |  $1,406  |  $2,025  |  $14,693  |  $6,630  |  $21,323  |

\*Additional Federal funds supporting this project include $500 from an EPA grant.

A budget template is available in MS Excel: <http://www.lcbp.org/wp-content/uploads/2014/09/LCBP-Local-Grants-budget-calculator.xlsx>.

D. Letters of Support

Attach any required letters of participation and up to three letters of support to your application. Only the first three letters of support included in your application will be reviewed. Please be sure that the letters are signed by the appropriate authors. **Letters of support received separately from the application will not be included in the application review**. See the *Grant Guidelines* for more information.

E. Submission Process

* Submit an Electronic version of your application to grants@lcbp.org no later than 4:30 PM Wednesday, November 5, 2014. Electronic submission to grants@lcbp.org is required. Please be sure you receive email notification that your application was received. Electronic submissions must be in MS Word or Word-compatible format.
* NEW in 2014: Hardcopies will NOT be accepted.

**Applications must be *received* in the Basin Program Office by**

**4:30 PM Wednesday November 5th, 2014.**

Successful applicants will be notified as early as December 31, 2014.

Send completed applications (electronic versions *only* will be accepted) to grants@lcbp.org. Direct all questions to Meg Modley, Aquatic Nuisance Species Management Coordinator (mmodley@lcbp.org).

PHONE: 800-468-5227 (Toll free in VT/NY) or 802-372-3213

ADDRESS: Lake Champlain Basin Program, 54 West Shore Road, Grand Isle, VT 05458