

Aquatic Invasive Species (AIS) Control Grant Application

Form 8700-307 (12/11)

Notice: Use of this form is required by the DNR for any application filed pursuant to ch. NR 198, Wis. Adm. Code. Personal information collected on this form, including such data as your name, address, phone number, etc., will be used for management and enforcement of DNR programs, and is not intended to be used for any other purpose. Information may be made accessible to requesters under Wisconsin's Open Records laws (s. 19.32-19.39, Wis. Stats.) and requirements.

Section I: Application Type

Check one:

- Education, Prevention & Planning
 Early Detection & Response
 Established Infestation Control

Legislative District Numbers		To determine your legislative district, go to http://165.189.139.210/WAML/ Type in complete address, next screen shows information.
Senate	Assembly	
2, 14, 24	6, 40, 41, 72	

Section II: Applicant Information

Applicant Golden Sands RC&D Council, Inc.			Type of Eligible Applicants		
Waterbody Name Various			<input type="checkbox"/> County	<input type="checkbox"/> Tribe	<input type="checkbox"/> Other Gov't Unit
Project County/Township/Section/Range Counties of Waupaca, Waushara			<input type="checkbox"/> City	<input type="checkbox"/> Sanitary Dist.	<input checked="" type="checkbox"/> Nonprofit Org.
			<input type="checkbox"/> Village	<input type="checkbox"/> Dist.	<input type="checkbox"/> College, School, etc.
			<input type="checkbox"/> Town	<input type="checkbox"/> Assoc.	<input type="checkbox"/> Federal
			<input type="checkbox"/> State		
			<input type="checkbox"/> Other		
Authorized Representative Named by Resolution Hugh O'Donnell			Project Contact Name Amy Thorstenson		
Authorized Representative Title President			Project Contact Title Regional AIS Coordinator		
Address 1462 Strong's Avenue			Address 1462 Strong's Avenue		
City Stevens Point	State WI	ZIP Code 54481	City Stevens Point	State WI	ZIP Code 54481
Daytime Phone (area code) (715) 343-6215	Evening Phone (area code)		Daytime Phone (area code) (715) 346-1264	Evening Phone (area code) (715) 573-1268	
E-mail Address			E-Mail Address Amy.Thorstenson@goldensandsrcd.org		

Mail Check to: (if different from applicant)

Name and Title Golden Sands RC&D Council, Inc.	Address 1462 Strong's Ave		
Organization Golden Sands RC&D Council, Inc.	City Stevens Point	State WI	ZIP Code 54481

For DNR Use Only

Application Type	Date Received	Date Reviewed (AIS/LC/RC)	AIS/Lake /River Coordinator Approval /Date
Waterbody ID#	Adequate Public Access <input type="checkbox"/> Yes <input type="checkbox"/> No	Environmental Grants Specialist Approval / Date	
Eligible Project <input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	Project Priority Rank	Research / Demo Project <input type="checkbox"/> Yes <input type="checkbox"/> No
Prior Grant Award(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	Fiscal Year(s)	Amount Received To Date \$	Project Awarded <input type="checkbox"/> Yes <input type="checkbox"/> No

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Section III: Project Information

Project Title 2013 Regional AIS Program - East Central	Proposed Ending Date 12/31/13 12/31/15
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Other Management Units	Letter of Support	Other Management Units	Letter of Support
1. Waupaca County	<input checked="" type="checkbox"/>	4. Waushara County Watershed & Lakes Council	<input checked="" type="checkbox"/>
2. Waushara County	<input checked="" type="checkbox"/>	5. Porters Lake	<input checked="" type="checkbox"/>
3. Waupaca Chain O' Lakes District	<input checked="" type="checkbox"/>	6.	<input type="checkbox"/>

Section IV: Public Access

Number of Public Vehicle Trailer Parking Spaces Available at Public Access Sites: 619

Number of Public Access Sites Including Boat Launches and Walk-ins: 126

Section V: Cost Estimate and Grant Request

Section V must be completed or application will be returned. Details in support of Section V are welcome.	Project Costs		
	Column 1 Cash Costs	Column 2 Donated Value	DNR Use Only
1. Salaries, wages and employee benefits 51,804	98,549.00	22,864.00	12,165
2. Consulting services	0.00	0.00	
3. Purchased services--printing and mailing	150 350.00	0.00	
4. Other purchased services (specify):			
5. Plant material			
6. Supplies (specify)	396 900.00	165.00	
7. Depreciation on equipment			
8. Hourly equipment use charges	0.00	14,871.00	6,408
9. State Lab of Hygiene (SLOH) Costs			
10. Non-SLOH Lab Costs			
11. Other (specify) 3,837	12,376.00	0.00	
12. Subtotals (sum each column) 56,187	112,375.00	37,900.00	18,738
13. Total Project Cost Estimate (sum of column 1 plus sum of column 2)	150,275.00	74,925	
14. State Share Requested (up to 75% of total costs may be requested)	112,706.25	41,374.88	56,187

Subject to the following maximum grant amounts:

- Education, Prevention and Planning Projects--up to \$150,000
- Early Detection and Response Projects--up to \$20,000
- Established Infestation Control Projects--up to \$200,000

Use of Federal funding as match: (check box below if applicable)

We are using or planning to apply for Federal funds to be used as match.

If known, indicate source of funding:

Section VI: Attachments (check all that are included)

A. For all applicants: (Refer to instructions for applicability.)

- 1. Authorizing resolution
- 2. Letters of support
- 3. Map of project location and boundaries
- 4. Lake map or river segment with public access sites identified (per Section IV of this application and page 20 of the guidelines)
- 5. Itemized breakdown of expenses (Other half of funding submitted Feb 2013)
- N/A 6. For projects that entail sending samples to the State Laboratory of Hygiene (SLOH) only: a completed SLOH Projected Cost Form
- 7. Project scope/description:
 - a. Description of project area
 - b. Description of problem to be addressed by project
 - c. Discussion of project goals and objectives
 - d. Description of methods and activities
 - e. Description of project products or deliverables
 - f. Description of data to be collected, if applicable
 - g. Description of existing and proposed partnerships
 - h. Discussion of role of project in planning and/or management of lake
 - i. Timetable for implementation of key activities
 - j. Plan for sharing project results
 - k. Other information in support of project not described above

B. For applicants that are Lake Management Organizations (LMOs), River Management Organizations (RMOs) or Qualified Non-profit Organizations:

- N/A 1. For first time applicant LMOs/RMOs only: A completed Form 8700-226 (Lake Association Organizational Application) or 8700-287 (River Management Organization Application)
- 2. For first time applicant Qualified Nonprofit Organizations only: Copy of IRS 501(c)(3) determination letter and copies of your Articles of Incorporation and Bylaws
- 3. List of national and/or statewide organizations with which you are affiliated
- 4. List of board members' names, including municipality and county of residence. Designate officers
- 5. Documentation of current financial status
- 6. Brochures, newsletters, annual reports or other information about your organization

C. Education, Prevention and Planning Projects: (No additional attachments required.)

D. Early Detection and Response Projects:

- N/A 1. APM Permit application

E. Established Infestation Control Projects:

- N/A 1. Management Plan
- 2. APM Permit application

Section VII: Certification

I certify that information in this application and all its attachments are true and correct and in conformity with applicable Wis. Statutes.

Print/Type Name of Authorized Representative <i>Hugh O'Donnell</i>	Title of Authorized Representative President
Signature of Authorized Representative <i>Hugh O'Donnell</i>	Date Signed 7-18-13