Aquatic Invasive Species (AIS) Control Grant Application Form 8700-307 (12/11)

Page 1 of 3

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 & Plan	ning	Early Detection	n & Response	Established Infestati	ion Control		
Legislative Di	strict Numbers		To determine yo	our legislative district, g			
Senate Assembly			http://165.189.139.210/WAML//				
12	34		Type in complete address, next screen shows information.				
Section II: Applicant Informa	ation						
Applicant		Туре	e of Eligible Applicants				
Florence County Lakes And F	Rivers Association		County Tribe Other Gov't Unit Federal				
Waterbody Name			City Sanitary Dist.	Nonprofit Org.	State		
Florence County waterbodies							
Project County/Township/Section/R	lange		Village Dist. College, Other School, etc.				
Florence County			Town X Assoc.				
Authorized Representative Named	by Resolution		Project Contact Name				
Margie Yadro			same				
Authorized Representative Title			Project Contact Title				
Florence County Conservation	nist						
Address			Address				
P.O. Box 565							
City	State	ZIP Code	City	State	ZIP Code		
Florence	WI	54121					
Daytime Phone (area code) (715) 528-5940	Evening Phone (and	ea code)	Daytime Phone (area code)	Evening Phone	Evening Phone (area code)		
E-mail Address			E-Mail Address				
myadro@co.florence.wi.us							
Mail Check to: (if different from a	applicant)						
Name and Title	,		Address				
Cary Anderson			P.O. Box 565				
Organization			City	State	ZIP Code		
Florence County Lakes and Rivers Association			Florence	WI	54121		
		For DNR	Use Only		1 1111		
Application Type Date	e Received			er Coordinator Approval /D	Pate		
Waterbody ID#	Adequate Public Acc		l vironmental Grants Specialist A	pproval / Date			
Eligible Project Yes No	Eligible Applicant Proj		ject Priority Rank		Research / Demo Project Yes No		
Prior Grant Award(s)	Fiscal Year(s)		ount Received To Date	Project Awarded			
Yes No		\$					

Aquatic Invasive Species (AIS) Control Grant Application Form 8700-307 (12/11) Page 3 of 3

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	√ 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							
6. For projects that entail sending samples to the State Laboratory of Form	f Hygiene (SLOH) only: a completed SLOH Projected Cost						
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	ent 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	e						
B. For applicants that are Lake Management Organizations (LMOs), Ri Non-profit Organizations:	ver Management Organizations (RMOs) or Qualified						
For first time applicant LMOs/RMOs only: A completed Form 87 8700-287 (River Management Organization Application)	00-226 (Lake Association Organizational Application) or						
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:							
1. APM Permit application							
E. Established Infestation Control Projects:							
✓ 1. Management Plan							
✓ 2. APM Permit application							
Section VII: Certification							
I certify that information in this application and all its attachments are true an	d correct and in conformity with applicable Wis. Statutes.						
Magle U. Cadso							
Print/Type Name of Authorized Representative	Title of Authorized Representative						
Margie Yadro Signature of Authorized Representative	Florence County Conservationist						
Signature of Authorized Representative Date Signed							
1 / vight (a c) gam	1/30/00/1						

Aquatic Invasive Species (AIS) Control Grant Application Form 8700-307 (12/11) Page 2 of 3

Project Title				Proposed Ending Date			
Hydraulic Vacuum Conveyor Harvester System AIS Management					12/31/1	4	
Letter of Support	Other Management Units					Letter of Support	
4. Town of 1			Florence Supervisors				\times
\boxtimes	5. Lake Ellwood Association, Inc.					\times	
			sheries Biologist				X
		43.5					
ble at Public	c Ac	cess Sites	s: 150				
s and Walk-	ins:		50				
Section V must be completed or application will be returned.			Project Costs				
Details in support of Section V are welcome.						DNR Use Only	
Salaries, wages and employee benefits				1,5	00.00		
2. Consulting services					0.00		
Purchased servicesprinting and mailing			100.00	1	00.00		
4. Other purchased services (specify):					0.00		
5. Plant material			0.00		0.00		
6. Supplies (specify)					0.00		
7. Depreciation on equipment					0.00		
8. Hourly equipment use charges				3,6	00.00		
9. State Lab of Hygiene (SLOH) Costs					0.00		
10. Non-SLOH Lab Costs					0.00		
11. Other (specify)				16,9	50.00		
12. Subtotals (sum each column)				22,13	50.00		
13. Total Project Cost Estimate (sum of column 1 plus sum of column 2)							
14. State Share Requested (up to 75% of total costs may be requested)							
	Letter of Support X X x	Letter of Support X 4. X 5. Suble at Public Acts and Walk-ins: vill be returner us sum of column	Letter of Support 4. Town of Support 5. Lake Ellv 6. DNR Fish Able at Public Access Sites and Walk-ins: vill be returned.	Letter of Support Other Manager	Letter of Support Other Management Units	Letter of Support Other Management Units	Letter of Support Other Management Units

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:

Aquatic Invasive Species Control Grant

Resolution

Resolution # 2014-01

RESOLUTION OF the Florence County Lakes and Rivers Association (FCLARA)

A qualified lake association

County of Florence

WHEREAS, area lakes and rivers are an important resource used by the public for recreation and enjoyment of natural beauty; and,

WHEREAS, public use and enjoyment of these water bodies are best served by protection from infestations of aquatic invasive species; and

WHEREAS, we recognize the need to provide public education, species identification and monitoring, with long term management and restoration; and

WHEREAS, in cooperation with partners of the Wild Rivers Invasive Species Coalition, and the Florence County Land Conservation Department, we are qualified to carry out the responsibilities of an aquatic invasive species control project.

NOW, THEREFORE, BE IT RESOLVED THAT the Florence County Lakes and Rivers Association requests grant funding and assistance available from the Wisconsin Department of Natural Resources under the "Aquatic Invasive Species Control Grant Program" and hereby authorizes the Wild Rivers Invasive Species Coalition Secretary, Margie Yadro, to act on behalf of the Florence County Lakes and Rivers Association to:

Submit an application to the State of Wisconsin for financial aid for aquatic invasive species control purposes; sign documents; take necessary action to undertake, direct, and complete an approved aquatic invasive species control grant; and, submit reimbursement claims along with necessary supporting documentation within six months of project completion date.

BE IT FURTHER RESOLVED THAT the Florence County Lakes and Rivers Association will meet the obligations of the aquatic invasive species control project including timely publication of the results and meet the financial obligations of an aquatic invasive species grant, including the prompt payment/donation of our 25% commitment to aquatic invasive species control project costs.

Adopted this day 29 of January, 2014 By a vote of: // in favor against _	abstain
BY: Mary ann Janner	Secretary/Clerk of
The Florence County Lakes and Rivers Ass	sociation