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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	

Section II: Applicant Information

Applicant			Type of Eligible Applicants			
Waterbody Name			<input type="checkbox"/> County	<input type="checkbox"/> Tribe	<input type="checkbox"/> Other Gov't Unit	<input type="checkbox"/> Federal
Project County/Township/Section/Range			<input type="checkbox"/> City	<input type="checkbox"/> Sanitary Dist.	<input type="checkbox"/> Nonprofit Org.	<input type="checkbox"/> State
			<input type="checkbox"/> Village	<input type="checkbox"/> Dist.	<input type="checkbox"/> College, School, etc.	<input type="checkbox"/> Other
			<input type="checkbox"/> Town	<input type="checkbox"/> Assoc.		
Authorized Representative Named by Resolution			Project Contact Name			
Authorized Representative Title			Project Contact Title			
Address			Address			
City	State	ZIP Code	City	State	ZIP Code	
Daytime Phone (area code)	Evening Phone (area code)		Daytime Phone (area code)	Evening Phone (area code)		
E-mail Address			E-Mail Address			

Mail Check to: (if different from applicant)

Name and Title		Address		
Organization		City	State	ZIP Code

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

Aquatic Invasive Species (AIS) Control Grant Application

Form 8700-307 (12/11)

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Section III: Project Information

Project Title	Proposed Ending Date
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Other Management Units	Letter of Support	Other Management Units	Letter of Support
1.	<input type="checkbox"/>	4.	<input type="checkbox"/>
2.	<input type="checkbox"/>	5.	<input type="checkbox"/>
3.	<input type="checkbox"/>	6.	<input type="checkbox"/>

Section IV: Public Access

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

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

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			
2. Consulting services			
3. Purchased services--printing and mailing			
4. Other purchased services (specify):			
5. Plant material			
6. Supplies (specify)			
7. Depreciation on equipment			
8. Hourly equipment use charges			
9. State Lab of Hygiene (SLOH) Costs			
10. Non-SLOH Lab Costs			
11. Other (specify)			
12. Subtotals (sum each column)			
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)			

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
- 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:

- 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:

- 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 and correct and in conformity with applicable Wis. Statutes.

Print/Type Name of Authorized Representative

Title of Authorized Representative

Signature of Authorized Representative

Date Signed