Aquatic Invasive Species (AIS) Control Grant Application

Form 8700-307 (5/09)

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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 & Planni	ng	Early Dete	ection & Res	ponse	Es	tablished Infestati	on Control			
Legislative District Numbers			To determine your legislative district, go to							
Senate Assembly			http://165.189.139.210/WAML//							
			Type in complete address, next screen shows information.							
Section II: Applicant Information	on									
Applicant			Type of Eligible Applicants							
			County Tribe Other Gov't Unit Federal							
Waterbody Name			City Sanitary Dist. Nonprofit Org. State							
			Village Dist. College, Other							
Project County/Township/Section/Range			School, etc.							
		<u> </u>		Town Assoc						
Authorized Representative Named by Resolution			Proje	Project Contact Name						
Authorized Representative Title	Project Contact Title									
Address										
Address			Address							
City	State	ZIP Code	City			State	ZIP Code			
City	Otate	Zii Oodc	Oity			Ciaic	Zii Gode			
Daytime Phone (area code) Evening Phone (area code)			Davti	me Pho	ne (area code)	Evening Phone (area code)				
Evening Priorie (area sode)										
E-mail Address			E-Mail Address							
Mail Check to: (if different from app	olicant)		'							
Name and Title				Address						
Organization			City	City		State	ZIP Code			
		For	DNR Use (Only		•	•			
Application Type Date	Received				AIS/Lake /River Coo	dinator Approval /	Date			
Waterbody ID#	Adequate Public Ac	cess	Environme	ntal Gra	ants Specialist Approv	al / Date				
	Yes No	0								
			Project Priority Rank Re			Research / Demo Project				
Yes No					Yes No					
				eceived	To Date	P <u>roje</u> ct Award <u>ed</u>				
Yes No			\$			Yes No				

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Section III: Project Information									
Project Title							Proposed	d Ending	g Date
Other Management Units Letter of Support				Other Management Units				Letter of Support	
1.				4.					
2.				5.					
3.				6.					
Section IV: Public Access									
Number of Public Vehicle Trailer Parking Spaces Availa	ble a	at Pu	blic	Access Sites	:				
Number of Public Access Sites Including Boat Launcher	s and	d Wa	lk-i	ns:					
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.				Column 1 Cash Costs	Project Costs Column 2 Donated Value DNR Use			Use Only	
Salaries, wages and employee benefits									,
Consulting services									
Purchased servicesprinting 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 pl	us s	um o	f co	olumn 2)					
14. State Share Requested (up to 75% of total costs	s ma	y be	rec	quested)					

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

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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)							
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), Rive	er 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							
certify that information in this application and all its attachments are true and Statutes.	correct and in conformity with applicable Wis.						
Print/Type Name of Authorized Representative	Fitle of Authorized Representative						
Signature of Authorized Representative	Date Signed						