ATTACHMENT D

# 

**Grants for the Control of Aquatic Invasive Species Application Form**

**Part I: Applicant Information**

|  |
| --- |
| 1. Type of Applicant:  State Agency  Municipality  Not-for-profit organization  Applicant Name: FEIN:  Mailing Address:  City/Town:  State:  Zip Code:  2. Contact Name:  Title:  Phone:  \*E-mail:  \*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from “ct.gov” addresses. Also, please notify DEEP if your e-mail address changes. |

**Part II: Project Information**

|  |
| --- |
| 3. Title of Project:  4. Project Type (select the **one** that fits best):  Control/Management  Research  Outreach/Education  5. Brief description of Project:  6. Total project cost:  7. Total grant funding requested:  8. Total matching funds (must equal or exceed 25% of the total project cost:  9. Name and location of study/project waterbody (as applicable):    Please include map of study/project waterbody  Attached  N/A  Please include map of the waterbody within the context of its watershed  Attached  N/A |

**Part II: Project Information (cont.)**

|  |
| --- |
| 10. Public Access and Use  Degree of access:    Facilities:  Please include map of facilities  Attached  N/A  Use patterns: |
| 11. Waterbody Ownership:  Supporting ownership documents attached (check all that apply):  Tax Maps  Other maps  Easement Information  Letters of Permission  12. Target Aquatic Invasive Species:  Supporting documents attached (check all that apply):  Photos  Maps  Survey Reports  Studies  13. State-Listed Species  *Consult with DEEP Natural Diversity Database (NDDB) Program at* [*https://portal.ct.gov/DEEP/NDDB/Requests-for-NDDB-Environmental-Reviews*](https://portal.ct.gov/DEEP/NDDB/Requests-for-NDDB-Environmental-Reviews)  NDDB map showing project waterbody  Attached  N/A (education/outreach projects)  NDDB Determination (if state-listed species present)  Attached  Pending (include documentation that indicates a review was requested)  Not Requested (but may require a review)  N/A  14. Describe the purpose and need for the proposed project: |
| 15. Describe the expected benefits of the proposed project:    16. Describe the scope of work (attach supporting documents if applicable):    17. For control/management projects describe any planned post treatment monitoring |
|  |

**Part II: Project Information (cont.)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 18. For control/management please provide details on the long term management strategy for AIS and/or cyanobacteria in the project waterbody.    19. Define the schedule for completion of the scope of work for the proposed project:    20. Is this project a continuation of a project funded through an earlier iteration of this grant program?  Yes  No  *If yes, please note successes or limitations of the previous grant’s methodology and provide a brief narrative listing any updates to proposal methodology from the previous grant application(s):*    21. Define the budget for implementation of the proposed project:   |  |  |  | | --- | --- | --- | | **Budget Summary** | | | | EXPENSES: | Grant Funds | Matching Funds | | **Personnel** | | | | Salaries: | $ | $ | | Fringe Benefits: | $ | $ | | **Materials/Supplies**: | $ | $ | | **Travel:** | $ | $ | | **Contractual/Consulting Fees (specify)**: | $ | $ | | **Printing and Copying**: | $ | $ | | **Office Expenses:** | $ | $ | | **Other (please specify\*\*):** | $ | $ | | **Total Grant Funds Requested:** | $ |  | | **Total Matching Funds Provided:** |  | $ | | **Total Project Costs:** |  | $ |   22. Describe the availability of alternative funding, matching funds, or in-kind services: |

**Part III: Applicant Certification**

The applicant must sign this part. An application will be considered incomplete unless the required signature is provided.

|  |  |  |
| --- | --- | --- |
| “I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.  I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.  I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.” | | |
|  |  |  |
| Signature of Applicant or Authorized Representative | Date |
|  |  |  |
| Name of Applicant or Authorized Representative (print or type) | | Title (if applicable) |