



Aquatic Weeds Management Fund Grant Application

FOR ECOLOGY USE
Application Number

- PART1- General Information

1. PROJECT TITLE (five words or less):

2. APPLICANT NAME

Name:

Address (If different from Signatory):

Federal Identification Number:

3. AUTHORIZED SIGNATORY (The person whose name is listed here must sign Box 9 of this application)

Name:

Title:

Address:

4. APPLICANT STAFF CONTACT

Name:

Title:

Address:

Telephone number: **Fax number:** **E-mail address:**

5. PROJECT DATA (Actual PROJECT data, not data of applicant)

If the project is not a statewide project, please indicate the county(s), the water resource inventory area(s), legislative districts, and congressional districts where at least five percent of the PROJECT will be accomplished. The total of each separate designation must equal 100 percent.

Counties		Water Resource Areas		Legislative Districts		Congressional Districts	
Name	Percent	Number	Percent	Number	Percent	Number	Percent

6. PROJECT DURATION

Project Length (months or years):

Anticipated Start Date:

Anticipated Project Completion Date:

7. PROJECT TYPE

Has an integrated aquatic vegetation management plan been developed for this project? Yes No

If yes, please provide the plan title and date that it was submitted to Ecology

8. COST BREAKDOWN

Total Project Cost

This amount is the total cost of the project and includes state and local costs \$

Ecology Grant Amount

This amount represents the Ecology grant request, at 75 percent of the total project cost for an implementation or planning project or 87.5 percent of the maximum eligible project cost for a pilot project. Planning grants are capped at \$30,000 state share; Implementation grants are capped at \$75,000 state share. \$

Applicant Share

This amount is 25 percent of the total project cost for planning or implementation projects and 12.5 percent of the total project cost for pilot projects. \$

9. SIGNATURE BOX

I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT AND THAT I AM LEGALLY AUTHORIZED TO SUBMIT THIS INFORMATION ON BEHALF OF THE APPLICANT.

Printed Name

Signature

Title

Date

10. APPLICATION SUBMITTAL

Send seven copies, one of which contains an original signature, to:

U.S. Postal Mailing Address:

Overnight Mail or Hand Delivery Address:

Department of Ecology
Water Quality Program
P.O. Box 47600
Olympia, WA 98504-7600

Department of Ecology
Water Quality Program
300 Desmond Drive
Lacey, WA 98503

NOTE: APPLICATIONS MUST BE RECEIVED AT THE DEPARTMENT OF ECOLOGY BY 5:00 P.M. ON THE CLOSING DATE. NO FACSIMILE OR ELECTRONIC APPLICATIONS WILL BE ACCEPTED. TO ENSURE DELIVERY OF APPLICATION BY THE DEADLINE, YOU MAY WISH TO CONSIDER USING RETURN RECEIPT MAIL.

To ask about the availability of this document in a version for the visually impaired call the Water Quality Program at 360-407-6502. Persons with hearing loss, call 711 for Washington Relay Service. Persons with a speech disability, call 877-833-6341.

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-Part 2- Project Proposal

This is the section of your application in which you describe your project. The information that you provide here will be used to evaluate the merit of your project and will provide the basis for our evaluation. Before describing your project, please carefully review the information in Chapter IV of the Aquatic Weeds Management Fund Program Guidelines.

Contact Melanie Tyler of the Department of Ecology if you have specific questions: by e-mail at mety461@ecy.wa.gov or by telephone at 360-407-7489. ONLY INFORMATION SUBMITTED BEFORE THE APPLICATION DEADLINE WILL BE USED IN THE EVALUATION PROCESS.

Project Proposal

If your project implements an Integrated Aquatic Plant Management Plan, please enclose a copy of the plan or a plan approval letter from Ecology.

1. EXECUTIVE SUMMARY

Please provide an overview of the proposed project. Limit your answer to 250 words.

- State the aquatic plants species targeted for action. ***Invasive, non-native freshwater aquatic plants are given priority for grant funding.***
- Identify the water body or water bodies that will be involved and its relation to other infestations of the target plant species.
- **Please include a map of the targeted water body or water bodies with the application.**

2. SCOPE OF WORK

Provide a scope of work for your project. List the tasks that you will undertake to complete the project, including details. For example, if education is a component of the project, when describing that task, say “we will produce and distribute two educational newsletters to the Lake X residents. In addition, we will hold at least one public meeting to talk about the project, etc.” Describe how the project goals will be achieved. Discuss specific methods to be used or describe how the project will be accomplished.

Task 1 is standard for all grant projects. Follow the format provided below for the additional tasks in your scope of work:

Task 1- Project Administration/Management:

- A. The RECIPIENT will administer and manage the project. Responsibilities will include, but not be limited to: maintenance of project records; submittal of payment vouchers, fiscal forms, and progress reports; compliance with applicable procurement and interlocal agreement requirements; attainment of all required permits, licenses, easements, or property rights necessary for the project; conducting, coordinating, and scheduling of all project activities; quality control; and submittal of required performance items.
- B. The RECIPIENT will ensure that every effort is made to maintain effective communication with the RECIPIENT's designees, the DEPARTMENT, all affected local, state, or federal jurisdictions, and any interested individuals or groups. The RECIPIENT will carry out this project in accordance with completion dates outlined in this Agreement.
- C. The RECIPIENT shall submit all invoice requests and supportive documentation to the Financial Manager of the DEPARTMENT.

Required Performance:

- 1. Effective administration and management of this grant project.
- 2. Maintenance of all project records.
- 3. Submittal of all required performance items, including the Post Project Assessment Plan, progress reports, financial vouchers, and maintenance of all project records.

Total Task Cost \$

Task 2:

A.

Task 3:

A.

Task 4:

A.

1. PROPOSED BUDGET

Please provide a budget, using one of the following formats. Provide the total cost of the project, not just the state share.

Budget by Task

Task 1 – Project Management	\$ _____
Task 2 –	\$ _____
Task 3 –	\$ _____
Task 4 –	\$ _____
Total	\$ _____

-- OR --

Budget by Budget Object

Salaries, wages, and benefits (SWB):	\$ _____
Indirect cost up to 25% of SWB:	\$ _____
Material, supplies	\$ _____
Equipment	\$ _____
Contracts	\$ _____
Other	\$ _____
In-kind contributions	\$ _____
Total	\$ _____

3. WATER QUALITY AND PUBLIC HEALTH IMPROVEMENTS
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At a minimum, your response should answer these questions:

- Do the plants in this water body pose a threat of infestation to other nearby water bodies? ***Include a map of the targeted water body with your application.***
- How is this aquatic plant or plants affecting the targeted water body or water bodies? What is the potential of the plant to impact the targeted water body or water bodies, and how will this project benefit the public?
- What are the project goals? What will you accomplish by undertaking this project?
- Does this project have statewide or regional significance?

4. PROJECT TEAM

Please list the key people who will make this project a success. List the people who will actually lead or work on the project. Note their commitment to the project and any special skills they bring.

5. PROJECT DEVELOPMENT AND LOCAL SUPPORT

At a minimum, your response should answer these questions:

- Do you have local citizen support for the project--especially support of those citizens who live on, use, or have an interest in managing the aquatic plants in the targeted water body?
- What is your long-term commitment to this project? Are you prepared to continue implementation of long-term objectives without grant support?

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