

Aquatic Nuisance Control Grant-in-Aid 2025 Application

I. Cover Page

Please refer to the Application Manual for instructions on how to complete and submit this application.
Please do not leave blank fields in the application which may result in returned or denied applications.

Project Information		
1. Project Title(s):		
2a. Waterbody:	2b. Watershed Basin:	
3a. Town:	3b. County:	
4. Public Access Type (check all that may apply): <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Municipal <input type="checkbox"/> Other <input type="checkbox"/> None		
Application Information		
5a. Applicant:		
5b. Contact Name:	5c. Title:	
5d. Street Address:		
5e. Town:	5f. State:	5g. Zip Code:
5h. Phone:	5i. Email Address:	
6a. Project Contact Name (if different than above):		
6b. Association:		
6c. Phone:	6d. Email Address:	

Project Budget <i>The following amounts must match the Project Budget Sheet(s)</i>		
7.1a. Project 1 Type: _____	7.1b. Project 1 Total Project Cost:	\$ _____
7.2a. Project 2 Type: _____	7.2b. Project 2 Total Project Cost:	\$ _____
7.3a. Project 3 Type: _____	7.3b. Project 3 Total Project Cost:	\$ _____
7. All Project Total Project Costs :		\$ _____

Municipal Procedures	
8.a. Does the Applicant have Municipal Zoning Bylaw to protect shorelands?	Yes
8.b. Does the Applicant have Municipal Zoning Bylaw to protect river corridors and buffers? If yes, what is the width of this required buffer in feet?	<input type="checkbox"/> Yes
9. Do the proposed activities in this application require a permit for the proposed activities? <i>All permits must be in good standing and acquired prior to the award release.</i>	
9.a. VT Fish & Wildlife Department Special Use Permit (SUP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9.b. Aquatic Nuisance Control (ANC) Permit(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the permit numbers and expiration dates below. If an ANC Permit application was submitted, include the type and date below.	
b1. ANC Permit #: _____ Expiration Date: _____	b2. ANC Permit #: _____ Expiration Date: _____
b3. ANC Permit #: _____ Expiration Date: _____	b4. ANC Application #: _____

Types of ANC Practices Incorporated with Project(s). Please check all that apply:		
<input type="checkbox"/> Education & Outreach	<input type="checkbox"/> Volunteer Handpulling	<input type="checkbox"/> Contractor Diver Handpulling
<input type="checkbox"/> Greeter Program	<input type="checkbox"/> Active Vermont Invasive Patroller(s)	<input type="checkbox"/> Diver Operated Suction Harvesting
<input type="checkbox"/> Decontamination Unit	<input type="checkbox"/> Contractor Plant Survey	<input type="checkbox"/> Mechanical Harvester
<input type="checkbox"/> Active Lay Monitor	<input type="checkbox"/> Active Lakewise Program	<input type="checkbox"/> Herbicide Application