

## Aquatic Nuisance Control Grant-in-Aid 2024 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.*

<b>Project Information</b>		
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		
<b>Application Information</b>		
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:	

<b>Project Budget</b> <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:	\$ _____
<b>7. All Project Total Project Costs :</b>		\$ _____

<b>Municipal Procedures</b>	
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? <input type="checkbox"/> Yes If yes, what is the width of this required buffer in feet?	
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 #: _____

<b>Types of ANC Practices Incorporated with Project(s). Please check all that apply:</b>		
<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