

# Vermont Aquatic Nuisance Control Grant-in-Aid Program, 2020

## Application Project Sheet – Greeter Program

### A. Public Access Greeter Program

#### 1. Public Access Greeter Program Information

<i>Access Details</i>	
Town where Access is located:	
Name of waterbody:	
Access Name (if any):	
Ownership of Access (State, municipal, etc.):	
<i>Greeter Program Specifics</i>	
Proposed program start date:	
Proposed program end date:	
Proposed number of staffed hours/week:	
Proposed days of operation (M-Su, Th-Sa, etc.):	
Proposed number of greeters to be hired:	
Proposed number of total greeter hours:	

**2. Public Access Greeter Program Roles and Responsibilities** – Identify those working on the project and their responsibilities. *(If interested in a Decontamination Unit, please describe here)*

**3. Additional Local Efforts** – Provide a brief summary of local support for the project and indicate any additional active programs that are utilized locally to improve water quality.

**4. Other Information** – Include any additional information that should be considered by the review team.

**5. Ability to Submit Electronic Greeter Data** – Participants will be required to use the Vermont Public Access Greeter app to submit greeter data in 2020. Submission of hard copies or alternative electronic files of data will not be permissible. Please check the box below to notify us of your program’s ability to do so.

- Yes, we have the ability to use the app and upload data.
- No, we don’t have the ability to use the app.

## Vermont Aquatic Nuisance Control Grant-in-Aid Program, 2020

### Application Project Sheet – Budget

#### III. Budget

**Column A:** List the anticipated (cash) expenses for your program.

**Column B:** Estimated volunteer/match/in-kind services.

**Column C:** Sum of anticipated expenses and estimated volunteer/match/in-kind services.

Grant Project Budget	Column A	Column B	Column C
Anticipated Expenses	Expenses	Estimated Match/In-Kind	Expenses + Match/In-Kind
<b>A. Personnel:</b>			
Administration (Rate \$ ___ x total hrs ___)			
Coordination (Rate \$ ___ x total hrs ___)			
Greeters (Rate \$ ___ x total hrs ___)			
Organizational (Rate \$ ___ x total hrs ___)			
Hand puller (Rate \$ ___ x total hrs ___)			
Other: _____ (Rate \$ ___ x total hrs ___)			
<b>Total Personnel</b>			
<b>B. Total Fringe Costs</b>			
<b>C. Mileage</b> (Miles ___ x .545/mile)			
<b>D. Equipment/Supplies (tools, repair, rental, gasoline, etc.):</b>			
<b>Total Equipment/Supplies</b>			
<b>E. Contractors:</b>			
Consultant (Rate \$ ___ x total hrs ___)			
Contractors (Rate \$ ___ x total hrs ___)			
<b>Total Contractors</b>			
<b>F. Miscellaneous (postage, copying, other):</b>			
<b>Total Miscellaneous</b>			
<b>G. TOTALS</b>			
		<i>List number above in Cover Page 10b.</i>	<i>List number above in Cover Page 10a.</i>
<i>Funds expected from non-State sources (municipal, lake association, or other cash contributions)</i>			