

Vermont Aquatic Nuisance Control Grant-in-Aid Program, 2020
Application Project Sheet – Education, Outreach, or Survey Project

II. B. Education, Outreach, or Survey Project

1. Education, Outreach, or Survey Project Scope of Work – In the space below, please provide a brief summary of the overall work that will be accomplished.

2. Project Goals – How will this project assist the organization to reduce the threat or expansion of the aquatic nuisance species?

3. Description of Actions/Deliverables – In the space below, please provide a description of the specific action(s) being proposed. What item(s) (e.g. aquatic plant inventory, an invasive species guidebook, etc.) will be produced as a result of this project? **On a separate sheet, please provide a map of proposed project areas if applicable.**

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4. Project Roles and Responsibilities – Identify those working on the project and their responsibilities.

5. 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.

6. Timeline – Outline the project timeline in the table below. This timetable will be used by the review team to determine deliverable requirements (those tasks that must be completed before funds are disbursed). *The final report and all other deliverables must be completed no later than December 31, 2020.*

<i>Task</i>	<i>Dates</i>

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

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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
A. Personnel:			
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 ___)			
Total Personnel			
B. Total Fringe Costs			
C. Mileage (Miles ___ x .545/mile)			
D. Equipment/Supplies (tools, repair, rental, gasoline, etc.):			
Total Equipment/Supplies			
E. Contractors:			
Consultant (Rate \$ ___ x total hrs ___)			
Contractors (Rate \$ ___ x total hrs ___)			
Total Contractors			
F. Miscellaneous (postage, copying, other):			
Total Miscellaneous			
G. TOTALS			
		<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>			