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| **M:\APPS, ILL, GUIDES\DO NOT ENTER\Illustrations\County logo\County Logo-Final 2011\st louis seal final-white.pngAquatic Invasive Species (AIS) Prevention Program** St. Louis County, Minnesota | | | | | | |
| **About:** The Aquatic Invasive Species (AIS) Prevention Program provides funds to organizations to carry out activities related to prevent the introduction or limit the spread of aquatic invasive species (AIS) in St. Louis County. For more information, see our website at: <http://www.stlouiscountymn.gov/ais>  NOTE: St. Louis County AIS Prevention Program will be available provided state funding is appropriated for the program. | | | | | | |
| APPLICANT | | | | | | |
| Organization/Applicant Name  Type of Organization  Government  Non-profit  Other | | Daytime # | | | | Date |
| Address | | City | State | | | ZIP |
| Email | |  | | | | |
| Contact Person *If applicable* | Contact Person # | |  | | | |
| Mailing Address *If different than above* | | City | State | | | ZIP |
| Email Address *If different than above* | | | | | | |
| PROJECT INFORMATION | | | | | | |
| Project Title | | | | | | |
| Name(s) of affected water bodies *If applicable* | | Water body ID(s) *If applicable* | | | | |
| Site Address *If applicable* | | City | | State | | ZIP |
| PROJECT TYPE – See St. Louis County AIS Prevention Plan Action Categories (pages 5-15) | | | | | | |
| Assess county resources and risk of AIS introduction and spread Check all that apply  Increase resources for countywide education and enforcement  Increase public awareness and participation in prevention  Increase available resources and leverage partnerships  Broaden knowledge of and participation in early detection and rapid response activities   Manage existing populations of AIS   Address specific pathways for AIS introduction | | | | | | |
| FUNDING REQUEST | | | | | | |
| Amount of ($) of AIS Grant Program Request Minimum $10,000 | | | | | $ | |
| Amount of ($) of Organizational Resources | | | | | $ | |
| Amount ($) From Other Sources  Name and Level of Commitment | | | | | $ | |
|  | | | | | $ | |
|  | | | | | $ | |
| **Total Project Cost ($)** | | | | | **$** | |

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| See Instructions for providing details in this section. |
| APPLICATION NARRATIVE (Please *briefly* explain the following. Additional sheets may be attached if necessary.) |
| 1. **Please describe the problem, issue, or concerns you intend to address.** |
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| 1. **What is being proposed to address the problem, issue or concern?** |
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| 1. **How does this work support the St. Louis County Aquatic Invasive Species Prevention Plan?** |
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| 1. **What are the proposed outputs and outcomes and how will they be measured?** |
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| 1. **What is the timeframe for the project?** |
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| 1. **Describe partnerships with other agencies for the proposed project. Provide detail on matching funds involving the level of commitment.** |
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| 1. **Describe the applicant’s organizational capacity to conduct AIS work and accept state grant funds.** |
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| 1. **Maintenance costs (i.e. repair, part and/or tool replacement, electricity and/or water bill, or storage) of equipment will no longer be supported with grant funds. Describe how the applicant’s organization will provide financial assurance that equipment operations and maintenance funds are available if needed.** |
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| **ORGANIZATIONAL STRUCTURE** | | | |
| **Please list members of the project team and describe their roles.** | | | |
| Member Name | Role | | |
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| **ATTACHMENTS** | | | |
| **Required attachments for ALL applicants.** | | | |
| 1. A resolution by the governing body authorizing the applicants to apply for and receive funds. | | | |
| 1. One copy of most recent financial statements. (Non-government agencies) | | | |
| 1. Other relevant information (letters of support, etc.) | | | |
| 1. I have reviewed the sample contract. The applicant is able to comply with the requirements in the St. Louis County draft contract.   Yes  No (state reasons if answer is no) | | | |
| AGREEMENT | | | |
| Authorized Applicant Name: | | Title | Date: Click here to enter a date. |

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| **BUDGET WORKSHEET** | | | | | | |
| **Estimated source and use of funds** | | | | | | |
| **Use of Funds** | **Source of Funds** | | | | | |
| Line Item Activities | AIS Request | Applicant Funds | Other Funds\* (Name) | Other Funds\* (Name) | Other Funds\* (Name) | Total |
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\* Indicate if other funds are committed