***Aquatic Invasive Species (AIS) Project Proposal Full Application Form***

Congratulations! Your Idea Brief was determined by the AIS Grant Committee as meeting all eligibility and priority requirements, and you have been invited to complete a Full Application Form, which will provide us with more details about your project idea. This is the second and last step of the application process.

If you have questions completing the form, please contact [name and contact]. When your completed form is ready to be submitted, please refer to the last page for appropriate electronic or postal delivery contact information.

**AIS projects receiving support from this grant program must acknowledge that support in all printed or electronic materials related to the project. By completing this application, you agree to meet this requirement if the proposed project is funded.**

**Also, if you receive project funds, you agree to all reporting requirements.**

Please do not use acronyms in the completion of this form as the reviewers will not likely be familiar with them.

**Applicant Information:**

|  |  |
| --- | --- |
| Today’s Date: |  |
| Name: |  |
| Organization: |  |
| Mailing Address: |  |
| Telephone: |  |
| Email: |  |

**Project Information:**

|  |  |
| --- | --- |
| Project Title: |  |
| Project Summary (2-3 sentence description): |  |
| What is the need you wish to address? How does this fit with the funding priorities of this grant? |  |
| What do you wish to accomplish? |  |
| What are the specific goals of the project? |  |
| Who will benefit from the project? |  |
| Will this proposed project provide other public benefits besides AIS prevention? If yes, what are those additional public benefits? |  |
| What outcomes or tangible results do you expect as a result of this project? |  |
| How will you measure success? |  |

**Active Partnerships:**

Identify partners and how they will be actively involved in the planning, implementation and evaluation of this project. Be sure to include the project lead(s) as well as other organizations and individuals that will play significant roles. Add more rows if necessary for this or any other box.

|  |  |  |
| --- | --- | --- |
| Who | Organization Affiliation | Role |
|  |  |  |
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**Your Action Plan:**

How will the project goals be achieved? Outline below the action steps or key activities you are planning to implement, persons responsible, and the timeline for each to complete the proposed project.

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| --- | --- | --- |
| Action Steps (Key Activities) | Responsible Entity | Timeline |
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|  | **Projected End Date** |  |

**Identify any project deliverables or milestones you anticipate along the way.** A deliverable is something produced as a result of this project. For example, it could be a report, an educational tool, an app, etc. A milestone is a notable or significant event that causes some change to occur; a turning point.

|  |  |  |
| --- | --- | --- |
| Project Milestones | Project Deliverables | Projected Dates |
|  |  |  |
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**Proposed Budget Using County AIS Project Grant Funding:** Provide a detailed budget with explanations for how you will use the funding you are requesting from this grant program to implement your action plan.

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| --- | --- |
| **Description** | **Amount Requested** |
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|  |  |
| **Total Amount Requested** |  |

**Proposed Full Project Budget:** Please complete your full project budget. Include income from all sources including County AIS Project Grant Funds. Income should include confirmed cash and in-kind services that will contribute to this project. If cash is not confirmed, please note in the budget.

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| --- | --- | --- |
| **Income (list sources)** | **Cash Amount** | **In-Kind (estimate $ amount)** |
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| County AIS Project Grant (amount requested) |  |  |
| **Total** |  |  |
| **Expenses** | **Cash Amount** | **In-Kind (estimate $ amount)** |
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|  |  |  |
| **Total** |  |  |

**Please return the completed form, preferably by email, to one of the contact people below:**

|  |  |  |
| --- | --- | --- |
| Name of Contact Person | Email | Phone |
|  |  |  |
|  |  |  |
|  |  |  |

## Or mail completed form to:

**Project Funding Criteria:** Make sure you meet all the requirements before you submit your application.

**Who is eligible to apply?**

**What are priorities for funding?**

**How much funding is available through this grant?**

**Is a match required?**

**Are there any ineligible expenses this grant will not cover?**

**What is the funding cycle?**

**What are the reporting requirements?**