

**Terrestrial Invasive Species Inventory and Management  
Grant Project Application  
June 1, 2011 – September 30, 2012**

**Applicant Information**

Responsible Party \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

Public Land Survey Description of the Parcel being treated (township numbers not names):

Township \_\_\_\_\_ Range \_\_\_\_\_ Section(s) \_\_\_\_\_ Parcel ID number \_\_\_\_\_

Have you or your family received past grant funding for terrestrial invasive plant management? \_\_\_\_\_

If yes, when and from what public entity? \_\_\_\_\_

**Project Questions**

Add up to three additional pages, if needed, to answer the questions below. Include a map or sketch of the property with the area highlighted that is to be included in the project.

1. **Applicant Description** — Provide a brief description of past experience or training in terrestrial invasive plant management that you or your family members have had.
2. **Management Area(s)** — Describe the land where you intend to inventory for and manage terrestrial invasive species. Include the legal description, acreage, vegetation cover type and long term management objectives. Include a map or sketch of the property showing its relationship to the Kettle or St Croix rivers, major tributary or adjacent public lands.
3. **Inventory and Management** — Describe what practices you propose to undertake, who will be carrying out each phase of the project and what measures you will take to ensure effective inventory and invasive plant management. Be specific and refer to the eligible management practices listed on pages three and four of the grant guidelines.
4. **Post-treatment Monitoring and Restoration** — Describe what practices you propose to undertake, who will be carrying out each phase of the project and how you intend to implement those practices since grant funds are not currently available to cover expenses related to post-treatment monitoring and restoration. Plant material to be used as a match in restoration work, must be approved by the project representative.

**Budget**

Fill out the table below. Divide your projected expenses between what you think will be needed for inventory work, management practices, post treatment monitoring and restoration needs. While funds are not available for post treatment monitoring beyond 2012, nor are funds currently available for restoration work, associated expenses can be used as a match for the grant funds you are requesting.

Note references <sup>1</sup> and <sup>2</sup> in the table regarding your match.

<sup>1</sup> General in-kind labor can be calculated at a rate of \$15.00/hr. Chain saw work can be calculated at \$20.00/hr. And large equipment work can be calculated at a rate of \$40.00, including both the operator and equipment costs.

<sup>2</sup> Your requested Grant Total (the amount you are requesting reimbursement for once the project is complete) must not exceed 50% of the Total Project Costs.

| <b>Terrestrial Invasive Plant Management Project Budget</b> (see legend on previous page for explanation of <sup>1</sup> & <sup>2</sup> ) |  |  |                                   |  |   |
|---|--|--|-----------------------------------|--|---|
| <b>Expense Item and Examples</b>  | <b>Description or Explanation of Budget Item</b> | <b>Projected Value of Donations &amp; In-kind Services<sup>1</sup></b> | <b>Projected Cash To Be Spent</b> | <b>Total Project Costs (Cash + In-kind Expenses)</b> | <b>Grant Reimbursement Requested</b>    |
| <b>Inventory</b>  |  |  |                                   |  |   |
| <b>Management</b>   |  |  |                                   |  |   |
| <b>Post-treatment Monitoring</b>  |  |  |                                   |  | Grant funds available through 2012 only |
| <b>Restoration</b>  |  |  |                                   |  | No grant funds are currently available  |
| <b>Projected Total Project Costs (including matched expenses =</b>  |  |  |                                   |  |   |
| <b>Requested Grant Total<sup>2</sup> =</b>  |  |  |                                   |  |   |

**Authorization**

I certify this information is valid and factual as described in this application and that all costs are eligible under the guidelines provided

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applications must be received by 4:30pm, Friday, April 8, 2011. Faxed or e-mailed copies will not be accepted.**

**Mail or deliver three copies of your application to the appropriate county representative:**

**Washington County Terrestrial Invasive Species Management Project**

Jyneen Thatcher  
 Washington Conservation District  
 1380 W. Frontage Rd, Hwy 36  
 Stillwater, MN 55082

**Chisago County Terrestrial Invasive Species Management Project**

Jason Rehn  
 Chisago Soil and Water Conservation District  
 38814 3rd Ave  
 North Branch, MN 55056