

Project Information Summary
(to be completed by Applicant)

Applicant

Project Name			
Organization Name (Applicant)		Contact Person (Project Manager)	
Mailing Address	City	State	Zip
Telephone	Cell Phone	Email	

Fiscal Agent (if different from Applicant):

Fiscal Agent		Contact Person (Financial Manager)	
Mailing Address	City	State	Zip
Telephone	Cell Phone	Email	

Must attach latest tax return showing Name, Address, and Federal Tax ID Number (may submit State of Utah Vendor Number in place of tax return). To receive funding from the State of Utah you must have a vendor number which ties received funding to a legal entity. Vendor numbers are linked to Federal Tax ID numbers and associated name and address.

The State Vendor Number can be found on copies of previous contracts with the State of Utah.

Proposed Project

Project Name		
Project Location	County	GPS Coordinates * (minimum project center point)
Noxious Invasive Weed Targeted		Is treatment within the weed's focus area?
Total Number of Acres to be Treated		
Is this a multi-year/multi-phase project?	If so, what phase is this in the overall project?	
Description of Proposed Project (include history of project)		
List planned management/monitoring strategies to maintain proposed treatments in the future:		

* A map with the Project Area outlined over satellite/aerial photograph coverage showing treatment areas on the site should also be provided.

