

UTAH DEPARTMENT OF AGRICULTURE AND FOOD INVASIVE SPECIES MITIGATION GRANT APPLICATION FY 2020 UDAF

PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH INDIVIDUAL PROJECT AREA

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	

Note: If the Fiscal Agent listed is from a different organization than Applicant, both the Applicant and the Fiscal Agent must sign the grant application in order for the application to be considered complete for ranking and funding. **In addition, if an independent organization is to be used by the Applicant as a Fiscal Agent, please review and complete Attachment A-1.**

Fiscal Agent (if different from Applicant):

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

Proposed Project

Project Name		
Project Location	County	GPS Coordinates * (minimum project center point)
Noxious Invasive Weed Targeted		Total Number of Acres to be Treated
Primary Target Weed-		
Secondary Target Weed-		
Total number of acres of seeding on project area after treatment		
Description of Proposed Project (include history of project)		

Budget and Scope of Work

Budget Table:

Category	ISM Grant	Federal	Other Gov.	Private	Total
Herbicide					
Labor					
Equipment					
Other					
Administration					
Totals					

Scope of Work/Work Plan:

For each Item on the Work Plan below, you must attach a separate, fully completed treatment page (either Herbicide Application, Biocontrol, Mechanical, or Revegetation page). Select the Treatment Number of the sheets that you filled out for the treatments that correspond to the attached treatment sheet. The costs listed here should reflect the costs that ISM will pay for each treatment.

Item	Description of Item Needed or Task to be Performed	Estimated Date	ISM Cost
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17	Final Report Submitted to UDAF (Up to 10% of Total) * Report must include GPS/GIS Data		
Total			

Payments will be made based on the above Scope of Work or Work Plan. Design your items so that you will have the cash flow needed to complete the project successfully

* Also note that final payments will not be submitted until the final project report, including results of weed treatment, is received.

The ability to bring multiple partner support and additional outside funding to the project will increase the likelihood of funding.

In the unlikely event that the ranking scores are tied, the following will be used to further validate the proposed projects to break the ties:

Project Administration Costs:

Projects with lower planning and administrative costs (less than the allowable 10%) will be given preference.

Enhanced Project Monitoring:

Project includes intensive monitoring that will measure more specifically the outcomes than just qualitative monitoring, GPS and Photopoints. Enhanced monitoring may include, for example, the following methods which are utilized by the NRCS:

- a. Pre-project photo documentation or camera on a stick
- b. Line-point intercept (plant cover and composition)
- c. Canopy and Basal gap intercept (weed invasion and erosion)
- d. Belt test/line intercept cover (for invasive species)

By signing this document, the Applicant certifies to his/her best knowledge that all of the information on this application is accurate and complete.

Name

Date

Title

ATTACHMENT A-1: TERMS AND CONDITIONS FOR APPLICANT USING A FIDUCIARY AGENT

THIS FORM MUST BE COMPLETED AND SUBMITTED AT THE TIME OF APPLYING FOR THE GRANT IF:

- (1) The Applicant is contracting or using a different entity, organization or person, not employed by or in the same organization as Applicant, to receive or expend any grant monies awarded under this grant application upon final award.

Fiscal Agent:

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

By using a Fiscal Agent, the Applicant and the Fiscal Agent agree to be bound by the terms and conditions set forth in the final Grant Agreement.

The Applicant and Fiscal Agent further agree that, if the grant is awarded, the grant funds will be disbursed directly to the Fiscal Agent, as appointed by the Applicant, pursuant to the terms and conditions set forth in a separate agreement between the Applicant and the Fiscal Agent. Nevertheless, because the agreement between the Applicant and the Fiscal Agent is a separate agreement, it cannot independently be enforced by the State.

Please attach a copy of the agreement between the Applicant and Fiscal Agent with respect to the requested grant funds to this grant application. If no agreement is currently in place, a copy of the agreement must accompany a copy of the signed Grant Agreement in order for funds to be awarded and/or disbursed. The failure to do so may result in the Grant award being denied and/or rescinded.

By signing, the Applicant and Fiduciary attest that each person who has signed this Application has full legal authority to bind the Applicant and Fiduciary's organizations, respectively, and to execute this Agreement on each respective entity's behalf.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF FIDUCIARY

DATE