



Application for Lower Hudson PRISM 2017 Project Proposals

*[a Word document version of this application can be downloaded at
http://LHprism.org/document/proposal_template]*

Project Overview:

Project Title:	
Brief summary (2-3 lines):	
Estimated Start and Completion Dates:	
Total amount requested:	

Project Contact Information:

Project Contact Person:	
Telephone Number:	
Organization/Entity Applying:	
Tax ID:	
Applicant is a non-profit organization? (y/n):	
Applicant is a minority- or women-owned business? (y/n)	
Mailing Address, City, State Zip:	
Email:	

Project Narrative: *[Describe your project (no longer than 8 pages single-spaced, Times New Roman 12 pt, 1" margins). All aspects of the evaluation criteria must be addressed.]*

Summary of Project

[Please provide a one or two paragraph summary of what the proposed project is.]

A. Justification of project and its importance

[It is incumbent upon the applicant to justify the project with regards to the PRISM strategies

and action plan. Refer to our web site Strategy page (<http://LHprism.org/content/strategy>) for additional information that will help you provide justification.]

A1. Importance

[Where relevant to the project, please include,

- Which conservation target areas (refer to <http://LHprism.org/content/strategy>) the project intersects and/or where the project area falls on the state-wide invasive species prioritization “Risk of Spread” and “Ecological Significance” Model Analysis Layers intersection (use iMapInvasives.org for map layers, free login required).
- The Lower Hudson PRISM priority species category (Widespread, Established, Emerging, Threat) of the invasive species targeted (refer to <http://LHprism.org/content/strategy>) and its NYS Invasive rank (http://nyis.info/?action=israt_nn_plant) or evidence of its invasiveness.
- Conservation priority species or habitats potentially affected and evidence for impacts on it by the invasive species addressed, if available.
- Audiences addressed.]

A2. Priority Objectives

[Please specify each Goal number and Objective from the 2017 Action Plan addressed by this project and explain how the project is expected to address that objective.]

B. Breadth of application

[Please describe how this project may have broad impacts within or beyond this region.

Describe the geographic area where this project will occur.

If appropriate for the project, include a map or GPS coordinates of the area to be served by this project.]

C. Innovation

[Please identify any innovative approaches or aspects to the project. Please provide information or evidence supporting the idea that this innovation will represent a successful alternative or improvement over traditional approaches.]

D. Feasibility

[Please explain how your methods will achieve the project’s goals, and if there are examples of previous successful application of your planned techniques or approach, they should be mentioned here. By what standard would you assess whether the project has been satisfactorily

completed, and how should the project's success be evaluated? Will you do this evaluation? Please include information, where relevant, about the likelihood for long-term success of the project, whether successive years of work will be required and the level of commitment or support for follow-up work.]

E. Capacity

[Please describe the organization's capacity to perform the proposed work and include description of similar work completed successfully if applicable. Reference documentation of types listed in Appendix I.]

F. Partnership

F1. Partnerships

[Please identify partners involved in this project and the expected contribution of each partner. Please reference letters of commitment provided by partners attached in Appendix II. Each letter of commitment should include a statement describing the contribution that the partner is committing to make to the project.]

F2. PRISM Partner Involvement

[Identify whether you are a LH PRISM Partner (i.e., having signed the LHPRISM partner agreement). Identify which, if any, of the project partners are also LH PRISM partners.]

G. Budget

Budget form *[either the form below or a more detailed breakdown]:*

Budget Category	Project Total	Requesting	Match
Personal Service: Salary, wages			
Fringe benefits			
Equipment			
Materials and Supplies			
Outside Services			
Printing and Postage			
Travel			
Other (explain below)			

Indirect costs			
TOTAL:			

Budget justification:

[Explain each line in the budget form (above).]

Personal Service: Salary, wages – *[Include rate of compensation or billing rate for salary and wages line item and estimated hours or days of work.]*

Fringe benefits

Equipment

Materials and Supplies

Outside Services

Printing and Postage

Travel

Other

Indirect costs *[include percentage rate.]*

Total Cash Match:

Total In-Kind Match:

G. Timeframe

[Clearly identify timeline of activities and deliverables for each project partner. Breakdown must be at least quarterly.]

Appendix I. Documentation supporting applicant's capacity to perform the proposed work

[Please include documentation (e.g. resumes) highlighting relevant skills or licenses for critical project personnel.]

Appendix II. Letters of commitment from proposed project partners (if applicable)