

**Application for Lower Hudson PRISM 2018 Project Proposals**

 *[a Word document version of this application can be downloaded at* [*https://www.lhprism.org/apply-projects-or-funding*](https://www.lhprism.org/apply-projects-or-funding) *]*

**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:** [N*o 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.]*

1. **Justification of project and its importance**

**A1. 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* [*https://www.lhprism.org/big-picture*](https://www.lhprism.org/big-picture) *) for our six strategic goals. ]*

 *[Where relevant to the project, please include,*

* *Which conservation target areas (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 (Tier 4-Widespread, Tier 3-Established, Tier 2-Emerging, Tier 1-Threat) of the invasive species targeted (refer to* <https://www.lhprism.org/species-prioritization> *) and its NYS Invasive rank (*[*http://nyis.info/?action=israt\_nn\_plant*](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.*
* *Protection of candidate Invasive Species Prevention Zones (ISPZ)*
* *Whether the project is intended to address one of the projects especially encouraged by the Steering Committee which are identified in the RFP.*
* *Which Audiences are to be addressed for education or outreach projects.]*

**A2. Priority Objectives**

*[Please specify each Goal number and Objective from the 2018 Action Plan (*[*https://www.lhprism.org/2018-prism-action-plan*](https://www.lhprism.org/2018-prism-action-plan) *) addressed by this project and explain how the project is expected to address that objective.]*

1. **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.]*

1. **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. ]*

1. **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.]*

1. **Capacity**

*[Please describe the organization’s capacity to perform the proposed work and include description of similar work completed successfully if applicable.*

*Please attach and reference documentation of types listed in Appendix I.]*

1. **Partnership**

**F1. Partnerships**

*[Please identify partners involved in this project and the expected contribution of each partner.*

*Please attach and 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:

1. **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)**