

**Application for Lower Hudson PRISM 2022 Project Proposals**

**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:** [*No longer than 8 pages single-spaced excluding Appendices, Times New Roman 12 pt, 1” margins. All aspects of the evaluation criteria must be discussed. Replace italicized wording with the requested information]*

**Summary of Project**

*[Please provide a one or two paragraph summary of what the proposed project is. This paragraph may be used in publicity.]*

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 for our* [*six strategic goals*](https://www.lhprism.org/big-picture) *and for* [*this year’s action plan*](https://www.lhprism.org/system/files/documents/2022%20LHPRISM%20Action%20Plan%20Final.pdf)*. ]*

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

* *Which conservation target areas (where the project area falls on the Lower Hudson conservation target layers, or the state-wide invasive species prioritization “Risk of Spread” and “Ecological Significance” Model Analysis Layers intersection). See the links* [*provided on the RFP page*](https://www.lhprism.org/apply-projects-or-funding)*.*
* [*The Lower Hudson PRISM priority species category*](https://www.lhprism.org/system/files/documents/Species%20Categorization%20LHPRISM_04302021.pdf) *(Tier 4-Widespread, Tier 3-Established, Tier 2-Emerging, Tier 1-Threat) of the invasive species targeted and its NYS Invasive rank 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* [*Priority Conservation Areas (PCAs)*](https://www.lhprism.org/priority-conservation-areas)
* *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* [*2022 Action Plan*](https://www.lhprism.org/system/files/documents/2022%20LHPRISM%20Action%20Plan%20Final.pdf) *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 refer to letters of commitment provided by partners as Appendix II. Each letter of commitment should include a statement describing the contribution that the partner is committing to make to the project. Note this is different than a letter of support. Any letters of support should be provided as part of Appendix I and identified in the Capacity section.]*

**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 and Deliverables**

*[Clearly identify timeline of activities and deliverables for each project partner. Breakdown must be at least quarterly. Deliverables are measurable actions or events or physical products. ]*

**April – June** (2nd Quarter):

|  |  |
| --- | --- |
| Activity | Deliverable |
|  |  |
|  |  |

**July – Sept** (3rd Quarter):

|  |  |
| --- | --- |
| Activity | Deliverable |
|  |  |
|  |  |

**Oct – Dec** (4th Quarter):

|  |  |
| --- | --- |
| Activity | Deliverable |
|  |  |
|  |  |

**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. Include information about similar projects the applicant has completed successfully in the past. Letters of support may be included here testifying to the applicant’s suitability and capacity to complete the proposed work.]*

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

*[Letters of commitment must include a statement from the partner about the work they are committing to do as part of this project*.]