

**Application for Lower Hudson PRISM 2024 Project Proposals**

1. **Title Page:**

*Please fill out the below tables which will serve as a quick reference source for the application reviewers*

**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: |  |

1. **Project Narrative:**

*The project narrative section consists of the following sections: A. Summary of Project B. Project Justification C. Project Scale and Broader Impact D. Project Innovation E. Project Feasibility F. Organizational Capacity and G. Project Partnerships.*

*The entire project narrative (Sections A-G) should be no longer than 8 pages single-spaced, Times New Roman 12 pt, 1” margins. All aspects of the evaluation criteria must be discussed.*

1. **Summary of Project**

*Please provide a one or two paragraph, high-level summary of what the proposed project encompasses. This paragraph may be used in publicity.*

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

*For this section, all applicants are asked to provide the rationale and justification for how this project supports LH PRISM’s strategic goals, priorities and objectives. Depending on the nature of the project (i.e., survey, monitoring, education, removal focused), not all of the following may be relevant, but all applicants are encouraged to address as many of the following bullet points/questions that apply.*

* Please specify the LH PRISM Goal(s) & Objective(s) that the proposed project is addressing followed by a brief explanation of how the project is addressing that specific objective. Please visit the [LH PRISM Goals and Objectives](https://www.lhprism.org/system/files/documents/2024%20LHPRISM%20Goals%20and%20Objectives.pdf) document for reference.
* Does the project address one of the special project topics encouraged by the Steering Committee in the RFP? Please visit the 2024 [Steering Committee Project Topic Focuses](https://www.lhprism.org/system/files/documents/Steering Committee Project Topic Focuses 2024.pdf) document for reference
* What is/are the primary invasive species targeted in this proposal? Please use [New York Natural Heritage Program’s Tier List Webpage](https://www.nynhp.org/invasives/species-tiers-table/) (includes Tier Definitions for context) to report the following- **please make sure to filter results by LH PRISM Geography only**:
  + Primary target species name(s) (the invasive specie(s) your project is targeting)
  + Species Tier Designation (for LH PRISM region).
  + Ecological Rank
  + Socio-Economic Rank (found in Column F)
  + If no information is available for these ranks, please note that as well
* Are the proposed project sites protecting a conservation area? Are the target species for management threatening a rare/threatened/endangered species or the critical habitat supporting those species? Please use the NYS DEC’s Environmental Resource Mapper (ERM) Tool to help support your response, if applicable. **Instructions on using the ERM tool can be found on page 6.** If you are aware of additional conservation targets that are not covered in the ERM results, please discuss those as well.
* What audiences/stakeholders are to be addressed for education and outreach purposes? Expand upon the importance of reaching these audiences as it pertains to the proposed project.

1. **Project Scale and Broader Impact:** *For this section, please highlight the scale of the proposed work both in terms of geography and broader impact for our region (or beyond). Below are some guidelines to address this.*

* Describe the geographic area where the project will take place. If appropriate, include a map or GPS coordinates of the area to be served by this project
* Describe how this project may have broader impacts within or beyond the geographic region where the project is focused

1. **Project Innovation:** *In this section, please identify any innovative approaches or aspects to the project. Provide information or evidence supporting the idea that this innovation will represent a successful alternative or improvement over traditional approaches.*
2. **Project Feasibility:** *In this section, please explain how attainable the project goals are and the likelihood that the project will have lasting success beyond 2024. Below are some guidelines for how to address this.*

* Please explain how your methods will achieve the project’s goals. If there are examples of previous successful applications 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. **Organizational Capacity:** *In this section, please describe the organization’s capacity to perform the proposed work and include descriptions of similar work completed successfully, if applicable. Please also attach and reference documentation of types listed in Appendix I.*
2. **Partnership:** *In this section, please outline which partnerships are integral to the project’s success.*

* 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 for 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.
* Identify whether you are a current LH PRISM Partner. Identify which, if any, of the project partners are also LH PRISM partners.

**III. Project Budget and Budget Justification**

**A. Budget form:** *Please fill in the table below. Note that projects do not require any matching funds but contributed funding will be taken into account when ranking proposals*

|  |  |  |  |
| --- | --- | --- | --- |
| 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:** |  |  |  |

**B. Budget justification:** *Please provide further details and justification for each of the lines 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*.

**Instructions for Using the DEC Environmental Resource Mapper**

-Visit the DEC’s Environmental Resource Mapper Website: (<https://www.dec.ny.gov/animals/38801.html>) or (<https://gisservices.dec.ny.gov/gis/erm/>)

-Your popup blocker must be disabled to use this interactive resource.

-On the left, under “Search by Location,” type in the project address or GPS coordinates (long, lat) and adjust zoom to encapsulate project site.

-If helpful or necessary, the basemap may be changed in the top right next to “Base Map”

-On the left, under “Layers and Legend,” select “All Layers”

-On the left, under “Tools,” click the “Identify” tool (which is an italicized ‘I’).

-There may be overlapping colors/shapes/map features. Click on the map within your project area where there is the most overlap/ where the color is darkest. This will produce the results of the highest number of conservation targets within or near the project site.

-Once map is clicked, a new tab will open. Scroll down to view relevant information: “State Regulated Freshwater Wetlands,” “Significant Natural Communities,” and “Rare Plants and Rare Animals.”

-Save a copy of this page as a PDF (Ctrl + p or “print” in browser “...” menu).

-If you are unable to encapsulate all relevant information within the project area with one click using the “Identify” tool, please repeat previous steps and save multiple PDFs with all relevant information.

-Attach this/these PDF(s) in email when submitting proposal.