

Lower Hudson Partnership for Regional Invasive Species Management

Priority Conservation Area Designation Application

Nominator Information	
Name of Person Submitting Nomination:	Name of Organization:
Address:	Telephone:
	E-mail:

Part I. Area Information	
Name of Area:	Name of Managing Organization:
Address/or Description of Area Location:	Telephone:
	E-mail:
Number of Acres:	Year Protection was established:
Area within a larger Protected Site: Yes No	Total Areas of Larger Protected Site:
Written Management Plan: Yes No	Year Mgmt. Plan was developed:
Management Plan Implemented: Yes No	Monitoring Plan Implemented: Yes No
Dedicated Staff: Yes No	Staff Type: Paid Volunteer
Detailed description of the Area (Supporting documents such as Maps should be appended):	

(Continued on back)

Est. Percent (%) of Area invaded by Tier 2 species:		Est. Percent (%) of Area invaded by Tier 3 and 4 species:	
List of Tier 2 species present (append separate list if needed):		List of Tier 3 and 4 species present (append separate list if needed):	
Number of Hours spent on ISM within the Area in the previous year:		Number of Acres within the Area affected by ISM in the previous year:	
Number of ISM Projects with Dedicated Funds conducted within the Area:			
List Titles of ISM Projects with Dedicated Funds (last 5 years):			
Number of Species on the NY Rare Plant Status List (NYNHP, 2019) found within the Area (Separate list of species should be appended):			
Number of Wildlife Species on the NYS Species of Special Concern List that use or may use the Area (Separate list of species should be appended):			
Land Ownership: Public Private			
Open to Public: Yes No		Designated Trail System: Yes No	
Additional Comments:			
Signature:			Date:

PRISM Committee Use only			
Date of Site Visit by Selection Committee Representative(s):			
Approval of Designation by Selection Committee	Yes	No	Date of Approval:
Approval of Designation by Steering Committee	Yes	No	Date of Approval: