

# 2020 Waseca County Local Aquatic Invasive Species Prevention Aid Grant Application

**\*\*See application instructions for assistance in completing the application**

## Applicant Information

Organization Name

Organization Type

- Government  
 Non-profit  
 Other  
 Specify: \_\_\_\_\_

Daytime Phone

Application Date

E-mail Address

Organization Address

City

State

ZIP Code

Primary Contact Person

Daytime Phone

E-mail Address

Mailing Address

City

State

Zip Code

## Project Information

Project Title

Name of Affected Water Bodies

Water Body ID(s)

Site Address/Implementation Area (acres/contact radius)

City

State

Zip Code

## Goal Addressed in 2019 Waseca County Aquatic Invasive Species Prevention Plan *\*Check all that apply*

- Increase Understanding of AIS Associated Risks and Spreading Pathways  
 Develop and Implement Activities that Address Identified Pathways  
 Increase Awareness of and Participation in Prevention and Management Activities  
 Broaden Knowledge of and Participation in Early Detection and Rapid Response Activities  
 Increase County Enforcement Resources  
 Increase Available Resources and Leverage Partnerships

## Funding Request

Funds Requested from Waseca County's Local AIS Prevention Aid

\$

Must be less than or equal to \$8,000

Organizational Match

\$

Source of Organizational Match  
*\*If Applicable*

- General Budget  
 State Grant  
 Specify: \_\_\_\_\_  
 Other  
 Specify: \_\_\_\_\_

**Total Project Cost**

\$

Project Abstract

1. **Impact** – Define the problem that your project will directly address. How long has this problem existed?

2. **Impact** –Detail the goals and standards of the project to be implemented.

3. **Impact** – How will the project address the problem presented in Question 1?

**Application Narrative *Continued***

4. **Relationship to Plan** – Does the project directly correlate with the efforts outlined in the 2020 Waseca County AIS Prevention Plan? Include action(s) from Table 2. County Implementation Actions to Address AIS Threats and Damages, as well as page number(s).

5. **Success Indicators** – What are the proposed outputs and outcomes of the project, and how will they contribute to long-term AIS prevention?

6. **Success Indicators** - What evaluation procedures will you use to assess the results of your project?

7. **Timeline/Budget** – Provide an anticipated timeline for completion of project activities.

**Application Narrative *Continued***

8. Describe the applicant's organizational capacity to conduct AIS work and accept state grant funds.

**Application Budget**

Activity	Funds Required	Requested Funds or Match? <i>* If match, define funding source</i>

**\*\*\*\*Application Must Include Site Map as Attachment Following this Page**

**Application Signature**

Applicant Name	Applicant Signature	Date
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