

Weed Wrangle Indiana Cisma Reimbursement Program

<p>Use this form to apply for the Weed Wrangle Indiana Reimbursement Program. This application <u>MUST</u> be typed and <u>MUST</u> be submitted on this form or an identical copy to ensure we have the correct fiduciary information.</p>			
1.	<p>Name of Cooperative Invasive Species Management Area (CISMA): Note that we will address the check to your CISMA unless you tell us it must be addressed to your fiduciary.</p> <p>Counties represented by the CISMA:</p>		
2.	<p>Address of the organization (street, city, state, and ZIP code):</p>		
3.	<table border="1"> <tr> <td> <p>Primary CISMA contact person (name, affiliation, address):</p> </td> <td> <p>Primary CISMA contact (telephone, E-mail):</p> </td> </tr> </table>	<p>Primary CISMA contact person (name, affiliation, address):</p>	<p>Primary CISMA contact (telephone, E-mail):</p>
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6.	<p>Provide a copy of your CISMA's written annual work plan. Provide a link if the plan is available online, otherwise attach a copy to this form or as an attachment in the email that you send with this document to Dawn Slack (dawn@sicim.info) and Stephanie Schuck (stephanie@sicim.info)</p>		
7.	<table border="1"> <tr> <td> <p>Proposed Weed Wrangle location(s) and dates (month, year): You must conduct at least 3 wrangles per wrangle location. Wrangles may be held annually at one location, or 2 or 3 times a year at a location; whatever suits the needs of the property. You determine the amount of effort and the timeline, but you must commit to at least 3 wrangles per location over the course of 2 to 4 years. This information should be included in your annual plan.</p> </td> <td> <p>9. Do you have a management plan for the Weed Wrangle location (s)?</p> </td> </tr> </table>	<p>Proposed Weed Wrangle location(s) and dates (month, year): You must conduct at least 3 wrangles per wrangle location. Wrangles may be held annually at one location, or 2 or 3 times a year at a location; whatever suits the needs of the property. You determine the amount of effort and the timeline, but you must commit to at least 3 wrangles per location over the course of 2 to 4 years. This information should be included in your annual plan.</p>	<p>9. Do you have a management plan for the Weed Wrangle location (s)?</p>
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8.	List the Regional Specialist representing your CISMA:	
9.	You are required to complete the annual CISMA report and email to the Indiana Invasives Initiative Project Coordinator (PC) no later than Dec 15 of each year. Submit your report to Dawn Slack at Dawn@sicim.info . There is a standard spreadsheet for this annual report. If you do not have a copy of this spreadsheet for your CISMA, request a copy from Dawn Slack.	
11.	You will receive two reimbursements of \$1,000.00 each. Apply for the first one after you have completed a Weed Wrangle (WW) at your planned location. Apply for a second reimbursement of \$1,000.00 after you have completed at least a second WW at one of your sites. You must complete the pre and post online Weed Wrangle Indiana forms for both WWs and check the box on the post form indicating you have signed this agreement and provided all documents to the Project Coordinator, Dawn Slack. Weed Wrangle Indiana pre and post forms are here: https://www.sicim.info/weed-wrangle-indiana/#WWreg	

CISMA Representative / Leader

I _____ (insert first and last name of applicant) have reviewed this agreement and agree with the deliverables required. I understand that

_____ CISMA representing

_____ county (s) will

receive two reimbursements of \$1,000.00 each after all deliverables [attach CISMA annual work plan, list

Weed Wrangle location (s), Weed Wrangle location has an invasive species management plan, complete pre

and post online Weed Wrangle forms (<https://www.sicim.info/weed-wrangle-indiana/#WWreg>) outlined in

this agreement have been met. Questions should be sent to Dawn@sicim.info

Printed Name and Title

Date

Signature of CISMA Representative