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**Indiana CISMA Landowner Survey Reimbursement Program**

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| **Use this form to apply for the Indiana CISMA Landowner Survey Reimbursement Program.**  **Please type or complete all sections legibly.**   * **SICIM will reimburse $225.00 for each landowner survey (site visit plus written plan), for a maximum of $4,500.00 or 20 surveys total per CISMA.** * **To participate, a CISMA must conduct at least 5 surveys in a calendar year, which guarantees a CISMA will receive no less than $1,125.00 from this program.** * **CISMAs must use the Indiana Invasives Initiative (III) landowner survey form or contact the III Project Coordinator to discuss use of a different form.** * **Funds are limited; therefore, this program ends when all funds have been dispersed to CISMAs.**   **All survey information must be submitted to the III Project Coordinator by December 31 of each calendar year as part of the Annual CISMA Data Spreadsheet (Question 9).** | | |
| 1. | **Name of Cooperative Invasive Species Management Area (CISMA):**  Check will be written and mailed to the fiduciary; Question 5.  **Counties represented by the CISMA:** | |
| 2. | **Address of the organization (street, city, state, and ZIP code):** | |
| 3. | **Primary CISMA contact person (name, affiliation, address):** | **Primary CISMA contact (telephone, E-mail):** |
| 4. | **Person preparing this application:** | **Telephone, e-mail of persons preparing this application:** |
| 5. | **Fiduciary Information (Name, address): The check will be addressed and sent to this person.** | **Fiduciary contact (telephone, e-mail):** |
| 6. | **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 form to Dawn Slack (**[**dawn@sicim.info**](mailto:dawn@sicim.info)**) and Stephanie Schuck (**[**stephanie@sicim.info**](mailto:stephanie@sicim.info)**)** | |
| 7. | **Number of landowner surveys completed in an annual calendar year. Provide year and number of surveys per year. Complete the Annual CISMA Report per question 9 and email to the III Project Coordinator.** | |
| 8. | **List the Regional Specialist representing your CISMA:** | |
| 9. | You are required to complete the Annual CISMA Data Spreadsheet and email to the Indiana Invasives Initiative Project Coordinator (PC) no later than December 31 of each year. Submit your report to Dawn Slack at [Dawn@sicim.info](mailto: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. | |

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| **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 will receive a minimum of $1,125.00 after completing a minimum of 5 surveys in a calendar year or a maximum of $4,500.00 for 20 surveys or more over the lifetime of this reimbursement program. Questions should be sent to Dawn@sicim.info  \_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name and Title Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of CISMA Representative Date |

