

**Indiana CISMA Outreach Reimbursement Program**

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| **Use this form to apply for the Indiana CISMA Outreach Reimbursement Program.**  **Please type or complete all sections legibly.**   * **SICIM will reimburse $500.00 for each event, for a maximum of $2,500.00 or five events total per CISMA.** * **To participate, a CISMA must host, and therefore seek reimbursement for, a minimum of 2 events a year, which guarantees a CISMA will receive no less than $1,000.00 from this program.** * **Host events during the calendar year, complete this form and submit it to the Indiana Invasives Initiative (III) Project Coordinator by October 31 of the calendar year even if you have not yet hosted all scheduled events for the year. Attach your annual plan that includes a list of events and dates with this application.** * **An “event” is any program that provides outreach and education to the public about invasive species management except for Weed Wrangles. There is a specific Weed Wrangle reimbursement program. If you want to be reimbursed for Weed Wrangles you must apply to that reimbursement program. Examples of an outreach event that would be reimbursed by this program include but are not limited to: County DOT invasive species training, Callery pear/burning bush bounty programs, Earth Day events, public presentation on invasive species, Fun Run, tabling at a farmer’s market, youth activity day for 5th graders, annual river clean up with invasive species presentation, annual native seed collection day with an introduction to invasive species, etc.** * **Funds are limited; therefore, this program ends when all funds have been dispersed to CISMAs.**   **All outreach events must be included on the Annual CISMA Data Spreadsheet (see Question 9) that is submitted annually to the III Project Coordinator.** | | |
| 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. | **Persons preparing this application:** | **Telephone, e-mail of persons preparing 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. It should include a section on your outreach/training plans. 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 the III project coordinator: Dawn Slack (**[**dawn@sicim.info**](mailto:dawn@sicim.info)**) and Stephanie Schuck (**[**stephanie@sicim.info**](mailto:stephanie@sicim.info)**)** | |
| 7. | **List proposed outreach events and planned year to host:** | |
| 8. | **List the Regional Specialist representing your CISMA:** | |
| 9. | You are required to complete the Annual CISMA Data Spreadsheet and email it to the Indiana Invasives Initiative Project Coordinator (PC) annually. 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 $1,000.00 for completing two outreach events, and / or no more than $2,500.00 for completing five outreach events (attach CISMA annual work plan).  Questions should be sent to Dawn Slack, Dawn@sicim.info  \_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name and Title Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of CISMA Representative Date |