**Logo, company name

Description automatically generated**

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| **Use this form to apply for SICIM Grants**  **This application MUST be typed and MUST be submitted on this form or an identical copy.** | | | |
| 1. | **Name of Cooperative Invasive Species Management Area** | | |
| 2. | **Address of organization (street, city, state, and ZIP code):** | | |
| 3. | **Primary contact person (name, affiliation, address):** | | **Primary contact (telephone, E-mail):** |
| 4. | **Persons responsible for preparing grant application:** | | **Telephone, e-mail of persons responsible for preparing grant application:** |
| 5. | **Fiduciary contact (name, affiliation, address):** | | **Fiduciary contact (telephone, e-mail):** |
| 6. | **List additional persons who are members of your CISMA and the organizations they represent.** | | |
| 7. | **List any contributions organizations or volunteers will make to your proposed project (in-kind or cash match, see volunteer and mileage rates below).** | | |
| 8. | **Proposed Project start date (month, date, year):** | | **9. Proposed Project end date (month, date, year):** |
| 10. | **Regional Specialist representing your CISMA to the SICIM Steering Committee?** | | |
| 11. | **Describe your proposed project.** | | |
| 12. | **Who is your target audience or group?** | | |
| 13. | **What is the desired project outcome? What are your primary goals and objectives?** | | |
| 14. | **Does this project address a short-term problem or a chronic/on-going problem which will require additional funding once grant funds are diminished? If the project is considered chronic/on-going, explain your plans for additional funding.** | | |
| 15. | **Budget**: | | |
| **EXPENSE ITEM** | | **SICIM GRANT** | |
| \*Personnel | |  | |
|  | |  | |
| ^Travel | |  | |
| Equipment | |  | |
| Supplies | |  | |
| Other | |  | |
| **TOTAL PROJECT COSTS** | |  | |
| Total SICIM funds requested: $  Total Project Cost (SICIM grant request + in-kind or cash match): $ | | | |
| **Describe Equipment Needed:** | | | |
| **Describe Supplies Needed:** | | | |

\*In-kind volunteer hours are to be calculated at $17.50/hour

^mileage rate is to be calculated at $0.40/mile