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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