



## Application for Capital Mohawk PRISM 2018 Project Proposals

### Project Overview:

Project Title:	
Brief summary (2-3 <u>lines</u> ):	
Estimated Start and Completion Dates:	
Total amount requested:	

### Project Contact Information:

Project Contact Person:	
Telephone Number:	
Organization/Entity Applying:	
Tax ID:	
Applicant is a non-profit organization? (y/n):	
Applicant is a minority- or women-owned business? (y/n)	
Mailing Address, City, State Zip:	
Email:	

**Project Narrative:** [No longer than 8 pages single-spaced, Times New Roman 12 pt, 1" margins. All aspects of the evaluation criteria must be addressed.]

#### Summary of Project

[Please provide a one or two paragraph summary of what the proposed project is.]

#### A. Justification of project and its importance

##### A1. Importance

*[It is incumbent upon the applicant to justify the project with regards to the PRISM strategies and action plan. Refer to our web site: (<http://www.capitalmohawkprism.org/about-us.html>) for our six strategic goals. ]*

*[Where relevant to the project, please include,*

- *Which conservation target areas (where the project area falls on the state-wide invasive species prioritization “Risk of Spread” and “Ecological Significance” Model Analysis Layers intersection (use iMapInvasives.org for map layers, free login required).*
- *The Capital Mohawk PRISM priority species category (Tier 4-Widespread, Tier 3-Established, Tier 2-Emerging, Tier 1-Threat) of the invasive species targeted (refer to: ([http://www.capitalmohawkprism.org/uploads/8/1/4/0/81407728/capmo\\_is\\_tiersystem.pdf](http://www.capitalmohawkprism.org/uploads/8/1/4/0/81407728/capmo_is_tiersystem.pdf)) and its NYS Invasive rank ([http://nyis.info/?action=israt\\_nn\\_plant](http://nyis.info/?action=israt_nn_plant)) or evidence of its invasiveness.*
- *Conservation priority species or habitats potentially affected and evidence for impacts on it by the invasive species addressed, if available.*
- *Protection of candidate Invasive Species Prevention Zones (ISPZ)*
- *Which Audiences are to be addressed for education or outreach projects.]*

## **A2. Priority Objectives**

*[Please specify each Goal and Objective from the 2018 Work Plan ([http://www.capitalmohawkprism.org/uploads/8/1/4/0/81407728/2018\\_work\\_plan\\_final.pdf](http://www.capitalmohawkprism.org/uploads/8/1/4/0/81407728/2018_work_plan_final.pdf). addressed by this project and explain how the project is expected to address that objective.]*

### **B. Breadth of application**

*[Please describe how this project may have broad impacts within or beyond this region.*

*Describe the geographic area where this project will occur.*

*If appropriate for the project, include a map or GPS coordinates of the area to be served by this project.]*

### **C. Innovation**

*[Please identify any innovative approaches or aspects to the project. Please provide information or evidence supporting the idea that this innovation will represent a successful alternative or improvement over traditional approaches. ]*

### **D. Feasibility**

*[Please explain how your methods will achieve the project’s goals, and if there are examples of previous successful application of your planned techniques or approach, they should be mentioned here.*

*By what standard would you assess whether the project has been satisfactorily completed, and how should the project's success be evaluated? Will you do this evaluation?*

*Please include information, where relevant, about the likelihood for long-term success of the project, whether successive years of work will be required and the level of commitment or support for follow-up work.]*

**E. Capacity**

*[Please describe the organization's capacity to perform the proposed work and include description of similar work completed successfully if applicable.*

*Please attach and reference documentation of types listed in Appendix I.]*

**F. Partnership**

**F1. Partnerships**

*[Please identify partners involved in this project and the expected contribution of each partner.*

*Please attach and reference letters of commitment provided by partners attached in Appendix II. Each letter of commitment should include a statement describing the contribution that the partner is committing to make to the project. Also include amount of match, if any]*

**F2. PRISM Partner Involvement**

*[Identify whether you are a CapMo PRISM Partner. Identify which, if any, of the project partners are also CapMo PRISM partners.]*

**G. Budget**

**Budget form** *[either the form below or a more detailed breakdown]:*

Budget Category	Project Total	Requesting	Match
Personal Service: Salary, wages			
Fringe benefits			
Equipment			
Materials and Supplies			
Outside Services			
Printing and Postage			

Travel			
Other (explain below)			
Indirect costs			
<b>TOTAL:</b>			

**Budget justification:**

*[Explain each line in the budget form (above).]*

Personal Service: Salary, wages – *[Include rate of compensation or billing rate for salary and wages line item and estimated hours or days of work. ]*

Fringe benefits

Equipment

Materials and Supplies

Outside Services

Printing and Postage

Travel

Other

Indirect costs *[include percentage rate.]*

Total Cash Match (list source):

Total In-Kind Match (list source):

**G. Timeframe**

*[Clearly identify timeline of activities and deliverables for each project partner. Breakdown must be at least quarterly.]*

**Appendix I. Documentation supporting applicant’s capacity to perform the proposed work**

*[Please include documentation (e.g. resumes) highlighting relevant skills or licenses for critical project personnel.]*

**Appendix II. Letters of commitment from proposed project partners (if applicable)**