Itasca SWCD Aquatic Invasive Species Program (AISP) 2024 Community Action Projects (CAP) Grant Application

Itasca County Soil & Water Conservation District, Aquatic Invasive Species Program

Note - Itasca County individuals and organizations must use this form to apply for funds from the Community Action Projects AIS Program. Read Section 6: Instructions and make sure you complete and sign this application. If you need assistance, contact the Itasca County AIS Coordinator Bill Grantges at 218-256-4243 or Bill.Grantges@ltascaSWCD.org. Mail completed applications to: Itasca County AIS Program, PO Box 990, Grand Rapids, MN 55744 or send to Bill.Grantges@ltascaSWCD.org.

Section 1: Applicant Information				
Type of Applicant				
Individual Lake Association Business	Nonprofit Organization Educational Institution			
City Township Tribe	Other			
Organization				
Waterbody Name(s) (if applicable)	Township(s) where project is located (if applicable)			
Authorized Representative Name	Authorized Representative Title			
Street Address	City State Zip Code			
Daytime Phone Evening Phone	Email Address			
Project Manager Name	Project Manager Title			
Street Address	City State Zip Code			
Daytime Phone Evening Phone	Email Address			
Reimbursement/Payment Details				
Name and Title	Street Address			
Organization	City State Zip Code			

Section 2: Project Information

Project Title	Project Start and Completion Dates
Project Description	
Floject Description	

Section 3: Project Financial Requirements

Show the financial breakdown of your request in the format below – Grant Costs are those things you are asking for reimbursement from the grantor - In-Kind represents things your organization or partners will contribute to the project. See Section 6: Application Instructions for more details.

Equipment	Total Cost =	In-Kind Match +	Grant Costs
			212
Supplies / Materials			
Labor / Purchased Services			
Other Expenditures			
Subtotals of Each Column			
Project Total (In-Kind Match + Grant Costs)			
Percent Each Column is of Project Total (Subtotal/Project Total)			
Percent Each Column is of Project Total (Subtotal/Project Total)			
Section 4: Attachments (please check all that apply)			
Authorized Resolution			
Letters of Support (from partners, community, other organizations	involved in this proje	ect or supporting you	r efforts)
Map of project location and boundaries		ooto. oappog you.	,
Other (please specify)			
Continue E. Annihoust Contification			
Section 5: Applicant Certification I certify that the information in this application and all of the attachments (if any)	are true and correct of	nd that I am authorized I	ov my organization to
make these commitments on their behalf. I also agree that if awarded this Gran Aquatic Invasive Species.	t I will follow all Minnes	sota DNR Minimum Star	ndards as they apply to
Print Name of Authorized Representative		Title of Authorized Rep	presentative
Signature of Authorized Representative		Date Signed	

All CAP grant applications for 2024 must be submitted by October 1, 2023. All CAP grants for the following year will be reviewed before any is awarded.

Applications may be accepted from Itasca County individuals and organizations for matching funds up to \$10,000 for equipment, materials, or services to prevent the introduction and/or the spread of AIS in Itasca County. Requests for funds more than \$10,000 while discouraged, will be considered but first preference is given to grant requests of \$10,000 or less. Grants may be approved for amounts less than those requested.

All items listed in Section 3: Project Financial Requirements must have accompanying official quotes.

Grant Approval Process:

If you have any questions about this program or would like assistance with filling out this application, please contact the Itasca County AIS Coordinator Bill Grantges at 218-256-4243 or Bill.Grantges@ItascaSWCD.org. Mail completed applications to: Itasca County AIS Program, PO Box 990, Grand Rapids MN 55744. Completed applications can also be sent via email to Bill.Grantges@ItascaSWCD.org.

Grants for the following year will be awarded within 5 weeks of the submission deadline. Applicants will be notified when the Itasca SWCD AIS Program Technical Advisory Committee will be meeting to review their applications. Applicants are welcome to attend. Preference may be given to applications that include 50% cash match or in-kind match.

Reimbursement Process:

Successful grant recipients must submit invoices or advance payment request and a final project report to the Itasca County AIS Coordinator. After review, he will request disbursement of a check from Itasca SWCD within two weeks.

In-Kind:

In-Kind can include both Cash and In-Kind Matches.

<u>Cash Match</u> is actual cash contributed to a project, such as:

- Cash contributed by your organization
- Cash contributed by a third party that is supported by a Partner Commitment Letter and documented in the grantee's files
- Supplies or contracted services to be paid for by the grantee for project activities during the grant period.

<u>In-kind Match</u> is non-cash donations of a good or service, such as:

- Personnel time given to the project (existing staff or volunteers)
- Use of equipment
- Donated supplies or services

All match funds must:

- Be reasonable, necessary, and allowable for the performance of the grant award
- Conform to grant program guidelines
- Be provided for in the approved budget
- Be from a non-state source
- Be treated consistently with other costs incurred by the organization
- Be in accordance with Generally Accepted Accounting Principles (GAAP)
- Be adequately documented (i.e., are verifiable from the grantees records and reported to the grant program as requested)

Date Received	Date Reviewed	Date to AISTAC	DNR Waterbody ID #	AISP Priority Area	Waterbody Risk Designation	Project Priority Rar
ast Sources of	Funding & Amou	nts				
Project Partner	S					
Other Sources	of Funding					
Eligible Project	Prior AISP (Grants, Dates and	Amounts Received To I	Date		
Eligible Project	Prior AISP (Grants, Dates and	Amounts Received To I	Date		
	Prior AISP (Grants, Dates and	Amounts Received To I	Date		
Yes No		Grants, Dates and	Amounts Received To I	Date		
Yes No Project Awarde		Grants, Dates and	Amounts Received To I	Date		
Yes		Grants, Dates and	Amounts Received To I	Date		