**2020 Application for the Capital Mohawk PRISM Partnership Regional Invasive Species Management Project Request for Proposals**

**Please check the pre-application guide and supporting documents on our web page before proceeding with the application.** [**http://www.capitalmohawkprism.org/rfp.html**](http://www.capitalmohawkprism.org/rfp.html) **The deadline for project proposal request is *February 21st, 2020 at 1:00pm*. Please complete in full as a PDF document and return to Kristopher Williams, the Capital Mohawk PRISM Coordinator, via email to** **kbw44@cornell.edu**. **Proposals will be reviewed and selected by the PRISM Steering Committee. Notice of contract awards will be announced by *March 30th*, 2020. Formal agreements will be subject to approval by the Executive Director of the Cornell Cooperative Extension of Saratoga County.**

**Project Overview:**

|  |  |
| --- | --- |
| Project Title: |  |
| Brief summary (2-3 lines): |  |
| Start and Completion Dates: |  |
| Total amount requested: |  |

**Project Information:**

|  |  |
| --- | --- |
| Project Contact Person: |  |
| Telephone Number: |  |
| Email: |  |
| Organization/Entity Applying: |  |
| Business Mailing Address:City/ State/ Zip: |  |
| Tax ID:  |  |
| Is the applicant a non-profit organization? (y/n): |  |
| Is the applicant a minority/women-owned business? (y/n): |  |
| Is the proposed work being executed in an Environmental Justice Area (y/n): |  |
| Is the proposed work located in an Agricultural District (y/n): |  |
| Is the applicant executing the proposed work a registered iMap Invasive User y/n) List imap User Name and Id. |  |

#### Appendix A- Scope of Work

[Complete the application with no more than 4 pages of single-spaced responses using Calibri font, 11 point and 1” margins] [All aspects of the selection criteria must be addressed.]

**Justification, Feasibility, and Importance of Project** It is incumbent upon the applicant to demonstrate the justification and feasibility of the project in which a [“***Recommended Framework of Response to Invasive Species Management***”](http://www.capitalmohawkprism.org/store/c2/Integrated_Pest_Management.html) is considered while addressing the goals and objectives of the ***Capital Mohawk PRISM 2020 Work Plan*** and/or ***PRISM Priority Examples***. These documents can be found at <http://www.capitalmohawkprism.org/rfp.html>

1. **Importance** *[Where relevant to the project, please include]*
2. A brief description of the proposed project and statement of the problem.
3. Describe the geographic area/location of where this project will occur or the area served. Describe the breadth of how this project may have broad impacts within or beyond this region, if appropriate. [Attach a map as an appendix with GPS coordinates] [Project must be inside the Capital Mohawk PRISM Boundary]
4. List and describe the invasive species targeted in the proposal.
* Include information from [the Capital Mohawk PRISM Species Priority Tier List](http://www.capitalmohawkprism.org/uploads/8/1/4/0/81407728/final_-_10.29.18_approved_capmo_priority_list.pdf). Is the species a Tier 4-Widespread, Tier 3-Established, Tier 2-Emerging, Tier 1-Threat organism within the Capital Mohawk PRISM.
* What is the New York State Invasive Species Threat Ranking Value or other evidence of its invasiveness and/or threat? Use the New York Invasive Species (IS) Information Web Site <http://nyis.info/invasiveness-rankings/>
	+ - [Non-native Animal Assessments](http://nyis.info/non-native-animal-assessments/)
* [Non-native Plant Assessments](http://nyis.info/non-native-plant-assessments/)
1. Is the work being executed in or near an ecologically significant area, important habitat, and/or a conservation management area? [If applicable describe.]
2. Does the conservation target area fall within or near a NY Invasive Species Prioritization Map Models for a “Risk of Spread,” “Ecological Significance,” and/or “Protected Area” as designated by a High Comprehensive Score. [Please follow the link to make a stated assessment or screen shot to demonstrate this qualifier if applicable.]
* [NY Invasive Species Prioritization Map Models](https://arcg.is/0D8XjT) [https://arcg.is/0D8XjT]
1. Are conservation priority species or habitats located in or near the geographic region where the proposed work would occur? [if applicable describe]
* Use the New York State Department of Environmental Conservation Rare Plant and Animal Status List to see if the work being executed would help preserve such species (<https://www.dec.ny.gov/animals/29338.html>).
* Use the New York State Department of Environmental Conservation “Environmental Resource Mapper” to identify significant natural communities, and rare plants or animals (<https://www.dec.ny.gov/animals/38801.html>).
1. Innovation *[If applicable, 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.]*
2. If executing an education and outreach project which audiences are to be addressed/reached by the product.
3. **Priority Objectives** *[The more priority examples selected, the greater the likelihood for approval.]*
	1. State the proposed category(s) of work.
		* Education and outreach
		* Prevention
		* Early Detection and/or Rapid Response [Which target species and tiers?]
		* Management [Is the proposal targeting Eradication, Containment, Exclusion, and/or Suppression?]
	* What form(s) of integrated pest management strategies will be utilized [Manual, Mechanical, Chemical, Social/Cultural, Biocontrol]
		+ Recruitment of citizen scientists or volunteer base
		+ Research
		+ Restoration
		+ Other (explain)
	1. Please list each priority goal and objective in the proposed project and how these targets address the [Capital Mohawk 2020 Work Plan](http://www.capitalmohawkprism.org/rfp.html) or [Capital Mohawk PRISM Priority Examples](http://www.capitalmohawkprism.org/rfp.html).
4. **State the Proposed Solution**
5. Describe the strategies and/solutions to the identified problem. Include and source best management practices and strategies if applicable for all levels of funding.
6. **For applicants seeking funding greater than $2500 up to $25,000.** To assess if the proposed solution to the identified problem is valid and all factors are considered, the Capital Mohawk PRISM strongly encourages partners to conduct a [*“Recommended Framework of Response for Invasive Species Management.”*](http://www.capitalmohawkprism.org/store/c2/Integrated_Pest_Management.html) Applicants seeking to justify the management of priority species, where applicable, should run an analysis of the Invasive Plant Management Decision Analysis Tool created by the Nature Conservancy. The tool is designed to help the land manager to make a more informed decision regarding proposed actions. The tool may not be applicable to all projects and is for proposals seeking to conduct eradication, containment, and/or suppression techniques. Note the tool is a model and should not be used to disqualify work projects. The intent of the tool is to address unknown and known variables.

Invasive Plant Management Decision Analysis Tool

* <https://ipmdat.org/home.html> or [IPMDAT worksheet](http://www.capitalmohawkprism.org/store/c2/Integrated_Pest_Management.html).

[Include report or worksheet as an attachment in Appendix 2.]

 For a brief description of a Recommended Framework of Response, the Invasive Plant

 Management Tool and Integrated Pest Management please follow the link here

* <http://www.capitalmohawkprism.org/store/c2/Integrated_Pest_Management.html>
1. **For applicant seeking funding greater than $10,000 and up to $25,000**
* Include Land/Lake Management Plan and/or Invasive Species Management Plan.

[Attach preexisting documents or draft work in the Appendices.]

* For example land management templates and description please follow the link here
* <http://www.capitalmohawkprism.org/store/c2/Integrated_Pest_Management.html>
1. **Measures of Success** *[Please explain how your methods will achieve the project’s goals.]*
2. If there are examples of previous successful application of your planned techniques or approach, they should be described. For Example: Research, Best Management Practices, Previous Trials, and Similar Case Studies.
3. 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?
4. 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.
5. State methods or practices for post treatment monitoring and reporting
6. **Capacity** *[Please describe the organization’s capacity to perform the proposed work and include descriptions of similar work completed successfully, if applicable. Please attach and reference documentation of types listed in Appendix 3.]*
7. **Partnership** *[Please identify partners involved in this project and the expected contribution.]*
8. **Partnerships**
* *Please attach and letters of support and/or letters of commitment provided by partners as an attached in Appendix 4. 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.*
1. **PRISM Partner Involvement**
* *Identify whether you are a Capital Mohawk PRISM Partner. Identify which, if any, of the project partners are also PRISM partners.*
1. [**iMap Invasives**](https://www.nyimapinvasives.org/) **User Identification:** All applicants are required to upload surveys and treatments into iMap Invasives. Please state your iMap user id on the front page of the application.

**Appendix B Budget**

**B. Budget**

 **1. Budget form** [*Use the form below or insert a more detailed breakdown of your own*]

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |  |  |  |
| **TOTAL:** |  |  |  |

1. **Budget justification:** *[Explain each line in the budget form (above).]*
	1. Personal Service: Salary, wages – [*Include rate of compensation or billing rate for salary and wages line item with estimated hours or days of work.*]
	2. Fringe benefits
	3. Equipment
	4. Materials and Supplies
	5. Outside Services
	6. Printing and Postage
	7. Travel
	8. Other
	9. Indirect costs [*include percentage rate.*]
	10. Total Cash Match (list source):
	11. Total In-Kind Match (list source):
2. **Timeframe**

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

 *least quarterly.]*

 **4. Reporting of Results and or Project Outcomes**

 *[State how work performed, research completed or end product in the proposal will be reported.]*

1. Projects shall be completed, all deliverables provided, and a final report describing the project and results are due by December 5th, 2020 by 1:00 p.m. All recipients are required to report their findings or work completed at a PRISM Partners Meeting thereafter in December. Final presentations can be delivered in multiple modalities. If extenuating circumstances result in non-attendance at the December Partners Meeting, then a presentation can be given during the following spring meeting. The PRISM will need a request for an alternate partners meeting in writing. **Final invoices will not be honored unless this requirement is executed.** Final invoices for reimbursement will be released the week of December 16th, 2020.
2. [**iMapInvasive**](https://www.nyimapinvasives.org/) **Surveys and Treatment Reporting When Applicable** [The Capital Mohawk PRISM can provide simple and easy training in the use of the free iMapInvasives Application.]
* <https://www.nyimapinvasives.org/>
* With all counts/surveys of invasive species, upload reports to iMapInvasives. Provide a survey identification # from iMapInvasives and include a screenshot or query report when applicable in your report.
* With all counts of treatments regarding invasive species management, please document as a treatment report in iMapInvasives. Provide a treatment id# from iMapInvasives and include a screen shot in your report.

**Appendix 1 Map of Location and Coordinates**

**Appendix 2 IPMDAT Decision Analysis Tool**

**Appendix 3. 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 4. Letters of support and/or commitment from proposed project partners (if applicable)**

**Appendix 5 Other**