Cornell Cooperative Extension

Saratoga County

50 West High Street

Ballston Spa New York 12020



**2021 Application for the**

**Capital Region 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.capitalregionprism.org/rfp.html**](http://www.capitalregionprism.org/rfp.html) The deadline for project proposal request is **January 25th, 2021 at 9:00am.** Please complete in full as a PDF document and return to Kristopher Williams, the Capital Region Partnership Regional Invasive Species Management (“PRISM”) Coordinator, via email to [**kbw44@cornell.edu**](mailto:kbw44@cornell.edu). Proposals will be reviewed and selected by the PRISM Steering Committee. Notice of contract awards will be announced by ***February 26th 2021***. Formal agreements will be subject to approval by the Executive Director of the Cornell Cooperative Extension of Saratoga County (“CCE Saratoga County”) and The New York State Department of Environmental Conservation Invasive Species Coordination Unit (“NYSDEC ISCU”).

**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): |  |
| 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***”](https://www.capitalregionprism.org/framework-for-response.html) is considered while addressing the goals and objectives of the ***Capital Region PRISM 2021 Work Plan*** and/or ***PRISM Priority Examples***. These documents can be found at [***http://www.capitalregionprism.org/rfp.html***](http://www.capitalregionprism.org/rfp.html)

1. **Importance** *[Where relevant to the project, please include]* ***15 Points \_\_\_\_\_***
2. A brief description of the proposed project and statement of the problem. The proposal should demonstrate the justification, feasibility, and convey the importance of conducting such work.
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 PRISM Boundary](https://www.capitalregionprism.org/about-us.html)]
4. List and describe the invasive species targeted in the proposal.

* Include information from the PRISM Species [Tier List.](http://www.capitalregionprism.org/downloads.html) Is the species a Tier 4-Widespread/Local Control, Tier 3-Containment, Tier 2-Eradication, Tier 1-Early Detection/Prevention of organism within the 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. Click the **Details** icon then **Content** to open up the scoring attributes. Check the Prioritization Model: Comprehensive Score. The dark shaded areas represented preferred target sites. [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]
3. 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, state how many anticipate participants that will be reached by the product.
3. **Priority Objectives *10 Points \_\_\_\_\_***

*[The more priority examples selected, the greater the likelihood for approval.]*

* 1. State the proposed category(s) of work that is alignment to the Capital Region 2021 Work Plan or PRISM Priority objectives.
     + 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 Region 2021 Work Plan](http://www.capitalmohawkprism.org/rfp.html) or [Capital Region PRISM Priority Examples](http://www.capitalmohawkprism.org/rfp.html).

1. **State the Proposed Solution *15 Points \_\_\_\_\_***
2. Describe the strategies and/solutions to the identified problem. Include and source best management practices and strategies if applicable for all levels of funding.
3. **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 PRISM strongly encourages partners to conduct a [*“Recommended Framework of Response for Invasive Species Management.”*](https://www.capitalregionprism.org/framework-for-response.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

* [IPMDAT On Line Tool](https://www.ipmdat.org/) or [IPMDAT worksheet](https://www.capitalregionprism.org/uploads/8/1/4/0/81407728/decision_analyses_tool_-_blank_fillable_copy.pdf). [Include report 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

* <https://www.capitalregionprism.org/framework-for-response.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.]

* Land or Lake Management Plans are need for control and treatment work. Contact our office for a template. *Education, outreach, early detection, and research proposals* ***do******not*** *need a management plan.*
* For example, land management templates and description please follow the link here
* <https://www.capitalregionprism.org/framework-for-response.html>

1. **Measures of Success *15 Points \_\_\_\_\_***

*[Please explain how your methods will achieve the project’s goals.]*

1. 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.
2. 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?
3. Please include information 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.
4. State methods or practices for post treatment monitoring and reporting
5. **Capacity *10 Points \_\_\_\_\_***

*[Please describe with details and examples the organization’s capacity to perform the proposed work. Include descriptions of similar work completed successfully, if applicable. Please attach and reference documentation of previous works in Appendix 3.]*

1. **Partnership *5 Points \_\_\_\_\_***

*[Please identify partners involved in this project and their expected contribution.]*

1. **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 in kind. Please provide specifics. Matches in kind do not count as part of the funding request.

1. **PRISM Partner Involvement**

* Identify whether you are an Active PRISM Partner. Identify which, if any, of the project partners are also PRISM partners. Groups participating in partner meetings, work groups, or who have worked with the PRISM in past are considered partners. Collaborations with the PRISM are encouraged, we can help assist in certain cases on a limited basis. Please contact the office regarding details. Services shared with partners include prevention, education and outreach, early detection responses, controls, best management practices, collaborations, and consultations.

1. [**iMap Invasives**](https://www.nyimapinvasives.org/) **User Identification: *5 Points \_\_\_\_\_***

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** **25 Points \_\_\_\_\_**

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

The maximum level of funding will be $25,000 per subcontract including indirect costs. Matches in kind are not part of the funding request. Smaller funding requests will be accepted and evaluated commensurate with measurable results/outcomes expected. The money for this program comes from the NYS Environmental Protection Fund. We expect to fund several projects through this RFP, but are not obligated to award all funds.

|  |  |  |  |
| --- | --- | --- | --- |
| Budget Category | Project Total | Requesting | Match |
| Personal Services:  Salary, Wages |  |  |  |
| Fringe benefits |  |  |  |
| Equipment/Tools |  |  |  |
| Materials and Supplies |  |  |  |
| Electronics and Software |  |  |  |
| Outside Services / Subcontractor Service Fees Permitting |  |  |  |
| Printing and Postage |  |  |  |
| Travel |  |  |  |
| Other (explain below) |  |  |  |
| Indirect costs |  |  |  |
| **TOTAL:** |  |  |  |

1. **Budget justification:** Proposals demonstrating explicit budget justifications will receive greater points. *[Please explain each line in the budget form above with details and itemized expenses. Include quotes for outside services, equipment, and subcontractors. Please include quotes in the appendix 5 other] [Expenses for fundraising and food are not accepted]* 
   1. Personal Service: Salary, wages – [Include rate of compensation or billing rate for salary and wages with estimated hours or days of work.]
   2. Fringe benefits
   3. Equipment/Tools
   4. Electronics/Software [including licensing fees]
   5. Materials and Supplies [including removal and disposal of materials]
   6. Outside Services/Subcontractors

* Demonstrate previous business relationships with working with subcontractors
* If selecting a subcontractor provide quotes from vendor(s), work history, and reference.
* Are sub-contractor costs included with detailed description of work to be performed and itemized?
  1. Printing and Postage
  2. Travel
  3. Other [example; fees for applications and permits]
  4. Indirect costs [include percentage rate]
  5. Total Cash Match [list source]
  6. Total In-Kind Match (list source)

1. **Timeframe** *[Clearly identify timeline of activities and deliverables for each project partner. Breakdown must be at least quarterly.]*
2. Include a time line or calendar of events for work to be executed.
3. When applicable identify and include all needed State, County, or Town permits to execute work. Please procure permitting months in advance. All permits need to be acted on and approved before executing work. When applicable has a New York**'s State Environmental Quality Review Act**(SEQR) needs to be consider regarding any potential environmental impacts of the work proposed. <https://www.dec.ny.gov/permits/6208.html>

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

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

1. Data collection is to be recorded in [**iMap Invasive**](https://www.nyimapinvasives.org/) including surveys, treatments, and/or controls. [Please contact the PRISM coordinator with questions or concerns. Alternative methods will be considered at the discretion of the PRISM and agreed upon at the start of a project.] [The PRISM can provide simple and easy training in the use of the free iMapInvasives Application.]

* <https://www.nyimapinvasives.org/>

The applicant will provide a query report from iMapInvasives of all surveys and/or treatments in final report. The data report page will include iMapInvasive survey points, searched area and/or treatment id numbers from iMapInvasives including latitude and longitude points.

1. Projects shall be completed, all deliverables provided, and a final report describing the project and results are due by **December 6th, 2021 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 partner 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 20th, 2021**.

**5. Documentation letters for projects including activities on public or private property.**

* 1. If the proposal is funded, applicants will be required to provide supporting documentation from municipal governments and/or private property owners if the proposal includes activities on public or private lands within four weeks from the start of the project. Prior to receiving the subcontract award, a successful recipient must be able to document adequate permission to work on the subject property
  2. Alternatively, recipients may provide letters of documentation from municipal, county, or state governments and/or private property owners if the proposal includes activities that are access through private lands. All documentation should be sent to the PRISM Coordinator. This documentation is not required at the time of submission of the proposal, but it will be required and reviewed before a subcontract can be issued.

**6. Additional requirements of successful applicants when applicable.**

1. For projects requiring permits and licensing, all necessary permits, and or licenses must be obtained prior to conducting the relevant activity. PRISM Coordinator will be provided evidence that appropriate permits are in place prior to the start of the subcontract, but they are not required for submission of a proposal.

**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/ Quotes, Subcontractor History, Extraneous Budget Details, Permitting***