

NOXIOUS WEED AND INVASIVE PLANT SPECIES ASSISTANCE FUND
(Riparian Vegetation Management Grant)



APPLICATION COVER SHEET

1. **Project Sponsor:**
 2. **Project Name:**
 3. County(s) where project is located:
 4. Nearest town:
 5. Total Amount Requested:
 6. Federal Identification Number (If available) :
- Contact Person:**
7. Name:
 8. Title:
 9. Organization:
 10. Address, City, State & Zip:
 11. Daytime Phone:
 12. Alternate phone:
 13. Please indicate which category best describes the applicant:
Selections are:
County Weed Control Authority Weed Management Area Natural Resources District
Other (List Organization):
 14. Will this project receive federal funds or require a federal review or permit? YES NO:
If yes, identify the agency(s) and its role:
 15. Will this project receive other State of Nebraska funds? YES NO:
If yes, identify the agency(s) and its role:
 16. In **300 words or less** provide an overview of the project for which you seek funding. If you are asking the Nebraska Department of Agriculture to fund only a portion of the project, indicate the components for which you seek funding.

17. On behalf of the sponsor(s) named above, I hereby certify that the information contained in this application, including all attachments, is true, accurate and complete.		
Authorized Signature of Sponsor Organization	Title	Date
Typed or Printed Name of Authorized Signatory	Typed or Printed Title	

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NARRATIVE SECTION

1. **Project Sponsor:**
2. **Project Name:**

In two pages or less, provide a detailed discussion of your project. Be sure to cover the points specified in the instructions.

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APPLICATION BUDGET SUMMARY

1. Project Sponsor:
2. Project Name:

BUDGET YEAR: **SUMMARY/1 YEAR ONLY**

Column A	Column B	Column C	Column D	Column E	Column F
1. Source of Funds ▶	Nebraska Department of Agriculture				TOTALS ▼
2. Budget Category ▼					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16. TOTALS ▶					

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APPLICATION BUDGET JUSTIFICATION

1. **Project Sponsor:**

2. **Project Name:**

1. Have other sources of funding not listed in the Budget Worksheet been approached for project support? If yes, name them and explain the outcome of your request.

2. Are all of the matching funds in the Budget Worksheet confirmed? If not, please identify those entities and list the date when confirmation is expected. Explain how you will implement the project if these sources do not confirm participation.

3. For each line item in column A of the Budget Worksheet, justify the basis for the dollar amount indicated for that item.

CATEGORY/COMPONENT (from Column A of the Budget Worksheet)	BASIS USED TO DETERMINE COST	Attachment? Y or N	ATTACHMENT LABEL
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			

