



BIOLOGICAL CONTROL OF INVASIVE FOREST PESTS NEW PROJECT PROPOSAL

Form Instructions: When copy and pasting into text fields please paste as "plain text".

Project Information * The Submission (FY) refers to the current federal Fiscal Year .

| Program | Admin Region | Submission (FY)* | Additional Project ID | Report Type New Proposal (NP) |
|------------------------|----------------------|------------------|-----------------------|----------------------------------|
| Project Number: | <input type="text"/> | | <input type="text"/> | |

Project Title: _____

Principle Investigator: _____

Has this proposal been submitted to another FHP Special Project Program? **YES** **NO**

If yes, please list the Program and FY the project was submitted: _____

Proposed Budget Summary (this table is auto-generated from Budget Information sections)

| Year 1 BCIFP Total | Year 2 BCIFP Total | Year 3 BCIFP Total | Total BCIFP Funds | Total Funds (All) |
|--------------------|--------------------|--------------------|-------------------|-------------------|
| | | | | |

Subject Description

Target Invasive Pest:

Biological Control Agent(s):

Common and Scientific Names:

BCIFP Priorities Addressed (check all that apply)

- Developing improved methods for assessing/predicting the effectiveness of candidate biological control agents.
- Development of techniques and technologies for conducting post-release monitoring/assessments of biological control impacts and agent distribution.
- Improved or novel utilization of biological control with other control technologies within integrated pest management.
- Development of novel biological control strategies through funding of pilot projects.
- Projects that address or support work in disadvantaged communities (<https://screeningtool.geoplatform.gov/en/#5.26/34.576/-109.413>)

Define the project being developed (e.g., what is the technology/application, goals and objectives, and who will maintain the tool if maintenance is necessary?) (250 words):

Provide background, justification, and describe project innovation if applicable (e.g., describe the management problem, impacts of the invasive species, supportive research, and any novel or unique insights) (250 words):

Methods/Approach (750 words including a timeline of activities):

[Empty text box for Methods/Approach]

Are the necessary importation, movement and release permits ready and in place?

YES NO

Describe stakeholder involvement in development of the proposal and application of the new technology and identify end users (e.g., how involved are land managers in the project?) (150 words):

Describe technology assistance/transfer, outreach, and the expected impacts to forest health/forest management (e.g., how will the technology be shared and how will it change current management?) (150 words):

Products/Publications/Technology transfer (e.g., provide timeline of expected project accomplishments by agreement closure) (150 words):

Citations:

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the user to enter citations.

Year 1 Budget Information (for a summary of total project costs, see page 1)

Fiscal Year (FY):

| Budget Type | Budget | Requested BCIFP Funding | Non-Federal Match** | Leveraged Funds*** | Match Source | Leveraged Source |
|----------------|----------------------------|-------------------------|---------------------|--------------------|--------------|------------------|
| ADMINISTRATION | Salary | | | | | |
| | Travel for Data Collection | | | | | |
| | Travel to Meetings* | | | | | |
| | Travel for Other | | | | | |
| PROCUREMENT | Contracting | | | | | |
| | Equipment | | | | | |
| | Supplies | | | | | |
| INDIRECT | Overhead | | | | | |
| | Other | | | | | |
| | SUBTOTAL | | | | | |

Overhead Rate % (Describe in Notes):

Year 1 Total:

Year 1 Notes (If the project is being supported by additional funding sources, please describe here) (2000 characters):

* Funds allocated for "Travel to Meetings" in year 1 will only be approved for proposals requesting a single year of funding.

** Non-Federal Matching (cost sharing) funds are raised from outside sources to increase the level of support provided by the Federal Government. This includes both cash and in-kind contributions.

*** Leveraged Funds are raised from outside sources to increase the level of support provided by the Federal Government (including cash and in-kind contributions) beyond the non-Federal matching requirements. USDA Forest Service salary and expense funds can be included as leveraged funds.

Year 2 Budget Information (for a summary of total project costs, see page 1)

Fiscal Year (FY):

| Budget Type | Budget | Requested BCIFP Funding | Non-Federal Match | Leveraged Funds | Match Source | Leveraged Source |
|----------------|----------------------------|-------------------------|-------------------|-----------------|--------------|------------------|
| ADMINISTRATION | Salary | | | | | |
| | Travel for Data Collection | | | | | |
| | Travel to Meetings | | | | | |
| | Travel for Other | | | | | |
| PROCUREMENT | Contracting | | | | | |
| | Equipment | | | | | |
| | Supplies | | | | | |
| INDIRECT | Overhead | | | | | |
| | Other | | | | | |
| | SUBTOTAL | | | | | |

Overhead Rate %:

Year 2 Total:

Year 2 Notes (If the project is being supported by additional funding sources, please describe here) (2000 characters):

Year 3 Budget Information (for a summary of total project costs, see page 1)

Fiscal Year (FY):

| Budget Type | Budget | Requested BCIFP Funding | Non-Federal Match | Leveraged Funds | Match Source | Leveraged Source |
|----------------|----------------------------|-------------------------|-------------------|-----------------|--------------|------------------|
| ADMINISTRATION | Salary | | | | | |
| | Travel for Data Collection | | | | | |
| | Travel to Meetings | | | | | |
| | Travel for Other | | | | | |
| PROCUREMENT | Contracting | | | | | |
| | Equipment | | | | | |
| | Supplies | | | | | |
| INDIRECT | Overhead | | | | | |
| | Other | | | | | |
| | SUBTOTAL | | | | | |

Overhead Rate %:

Year 3 Total:

Year 3 Notes (If the project is being supported by additional funding sources, please describe here) (2000 characters):

Project Contacts (The Funding Coordinator is the individual who manages project funds. A single funding coordinator must be selected.)

FHP Project Manager/Monitor (FHP sponsor who oversees project and ensures Grants and Agreements requirements are being met)

Name: _____ Title: _____
Institution: _____ Phone: _____
Email: _____
Technical Monitor: _____

Principal Investigators

Name: _____ Title: _____
Institution: _____ Phone: _____
Email: _____ Time commitment: _____
Project Role: _____ Funding Coordinator:

Name: _____ Title: _____
Institution: _____ Phone: _____
Email: _____ Time commitment: _____
Project Role: _____ Funding Coordinator:

Name: _____ Title: _____
Institution: _____ Phone: _____
Email: _____ Time commitment: _____
Project Role: _____ Funding Coordinator:

Cooperators

Name: _____ Title: _____
Institution: _____ Phone: _____
Email: _____ Time commitment: _____
Project Role: _____ Funding Coordinator:

Name: _____ Title: _____
Institution: _____ Phone: _____
Email: _____ Time commitment: _____
Project Role: _____ Funding Coordinator:

Name: _____ Title: _____
Institution: _____ Phone: _____
Email: _____ Time commitment: _____
Project Role: _____ Funding Coordinator:

List additional documents being sent in support of the project. (e.g., curriculum vitae, supplementary info):

Keywords (50 words):