

# FOREST SERVICE PESTICIDE IMPACT ASSESSMENT PROGRAM (FS-PIAP)



Forest Service  
U.S. DEPARTMENT OF AGRICULTURE

# 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 Fiscal Year.

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

**Project Title:**

Years of Funding Requested:  Final Year of Project:

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 FS-PIAP Total	Year 2 FS-PIAP Total	Year 3 FS-PIAP Total	Total FS-PIAP Funds	Total Funds (All)

## FS-PIAP Priorities Addressed (check all that apply)

Advancement in the proper use of pesticides (efficacy, efficiency, training, safety, etc.) because it is Forest Service policy to base actual and recommended uses of pesticides on analysis of effectiveness, specificity, environmental impacts, human exposure and economic efficiencies.

Proposals that address the efficacy and benefits of new uses of pesticides being considered for management of invasive and native forest pest insects, diseases, and plants.  
Environmental toxicity, fate; soil mobility and uptake/metabolism, with emphasis on priority pesticides and/or adjuvants.

**Project Summary** (Briefly describe the project being developed) (limit 1,000 characters):

## Project Details

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**Background - Background, Justification, and Research Basis** (i.e. Describe the forest management problem addressed, describe the importance of identified data gaps, research leading up to this approach, and identify how proposal will further forest pest management.) (limit 5,000 characters):

**Provide overview of proposed project** (e.g. Who, What, How, When...) (limit 5,000 characters):

**Methods** (limit 5,000 characters):

**Describe proposed technology transfer and the expected impacts to Forest Health/Forest Management** (e.g. How will the results be shared and how will it influence current forestry management?) (limit 2,500 characters):

**Products/Measures of Success** (e.g. Provide timeline of expected project accomplishments and enumerated deliverables) (limit 1,000 characters):

**Citations of Relevant Research (5,000 characters):**

A large, empty rectangular box intended for entering citations of relevant research, limited to 5,000 characters.

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

Fiscal Year (FY):

Budget Type	Budget	Requested FS-PIAP 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 (1,000 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.

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

Fiscal Year (FY):

Budget Type	Budget	Requested FS-PIAP 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 (1,000 characters):

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

Fiscal Year (FY):

Budget Type	Budget	Requested FS-PIAP 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 (1,000 characters):

**Project Contacts** (a single Funding Coordinator must be selected)

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**FHP Sponsor**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution/Office: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Time commitment: \_\_\_\_\_  
Project Role: \_\_\_\_\_ Funding Coordinator:

**Principal Investigators**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution/Office: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Time commitment: \_\_\_\_\_  
Project Role: \_\_\_\_\_ Funding Coordinator:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution/Office: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Time commitment: \_\_\_\_\_  
Project Role: \_\_\_\_\_ Funding Coordinator:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution/Office: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Time commitment: \_\_\_\_\_  
Project Role: \_\_\_\_\_ Funding Coordinator:

**Cooperators**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution/Office: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Time commitment: \_\_\_\_\_  
Project Role: \_\_\_\_\_ Funding Coordinator:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution/Office: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Time commitment: \_\_\_\_\_  
Project Role: \_\_\_\_\_ Funding Coordinator:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution:/Office \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Time commitment: \_\_\_\_\_  
Project Role: \_\_\_\_\_ Funding Coordinator:



## Additional Documents and Keywords

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**List additional documents being submitted in support of the project** (e.g., letters from stakeholders, spreadsheets, human subject certification coordinated with [US-EPA Human Studies Review Panel](#) (if project involves human exposure)) (limit 2,000 characters):

**Keywords** (limit 250 characters):