

# SPECIAL TECHNOLOGY DEVELOPMENT PROGRAM

## NEW PROJECT PROPOSAL

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

### Project Information

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

**Project Title:** \_\_\_\_\_

Years Requested Funding:  Expected Final Report (FY):

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 STDP Total	Year 2 STDP Total	Year 3 STDP Total	Total STDP Funds	Total Funds (All)

### Subject Description

**Subject Species Status:**  **Subject Group Type:**

Subject Common and Scientific Names:	Host Common and Scientific Names:
_____	_____
_____	_____
_____	_____

### STDP Priorities Addressed (check all that apply)

- Technologies that address diagnostic and screening tools that lead to the early detection of high priority emerging invasive species.
- Technologies that help quantitatively assess the impacts or risks of multiple interacting threats, including native/invasive insects and diseases, invasive plants, fire, environmental disturbances, and climate change, and include capabilities to better integrate forest health data into cross boundary and landscape-level analyses.
- The development of silviculture and other pest management tools and methods that improve, maintain, and restore forest health.

**Project Category:**

**Briefly describe the project being developed** (i.e., What is the tool?) (400 characters):

<b>Who would use the Tool? (check all that apply)</b> <input type="checkbox"/> Forest Service <input type="checkbox"/> Other Federal <input type="checkbox"/> State <input type="checkbox"/> Tribal <input type="checkbox"/> Private Industry <input type="checkbox"/> Private – Other <input type="checkbox"/> International	<b>Where will the Tool be used? (check all that apply)</b> <input type="checkbox"/> Region 1 <input type="checkbox"/> Region 2 <input type="checkbox"/> Region 3 <input type="checkbox"/> Region 4 <input type="checkbox"/> Region 5 <input type="checkbox"/> R5 – Hawaii <input type="checkbox"/> R5 – Other Islands <input type="checkbox"/> Region 6 <input type="checkbox"/> Region 8 <input type="checkbox"/> R8 – Puerto Rico <input type="checkbox"/> Northeast Area <input type="checkbox"/> Region 10
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**Year 1 Budget Information** (For a summary of total project costs, see page 1)

Federal Fiscal Year (FY):

Budget Type	Budget	Requested STDP Funding	Non-Federal Match**	Leveraged Funds***	Match Source	Leveraged Source
ADMINISTRATION Including sub-awards	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 (Please include additional Forest Service contributions or contributions from other federal sources) (2000 characters including spaces):

\* Funds allocated for "Travel to Meetings" in year 1 will only be approved for proposals requesting a single year of funding. Please see STDP Instructions and Guidelines document for additional travel restrictions.  
 \*\* 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)

Federal Fiscal Year (FY):

Budget Type	Budget	Requested STDP Funding	Non-Federal Match	Leveraged Funds	Match Source	Leveraged Source
ADMINISTRATION Including sub-awards	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 (Please include additional Forest Service contributions or contributions from other federal sources) (2000 characters including spaces):



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

Federal Fiscal Year (FY):

Budget Type	Budget	Requested STDP Funding	Non-Federal Match	Leveraged Funds	Match Source	Leveraged Source
ADMINISTRATION Including sub-awards	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 (Please include additional Forest Service contributions or contributions from other federal sources) (2000 characters including spaces):



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

**FHP Sponsor**

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

**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:

