VERMONT DEPARTMENT OF ENVIRONMENTAL CONSERVATION
WATERSHED MANAGEMENT DIVISION
LAKES & PONDS PROGRAM

Released: Friday, 20 November 2015
Application Due: 4:30 PM on Wednesday, 3 February 2016

# Aquatic Nuisance Control Grant-in-aid Grants Project Year 2016 APPLICATION FORM

WATER BODY(s)_____ TOWN(s)_____

Public access (check all that apply): ☐ federal ☐ state ☐ municipal ☐ other ☐ none

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APPLICANT **Town/Village/NRCD:** _____ **of** _____

Mailing Address _____
_____
_____**, VT** _____

Applicant Contact Name _____ Daytime Phone _____ Email Address _____

VT Dept of Taxes BUSINESS ACCOUNT # _____ Federal ID # _____

Fiscal year: start _____ end _____

Project Contact Name (if different than above) _____ Daytime Phone _____ Email Address _____

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CO-APPLICANT (Name of Joint Municipality, if applicable) _____

Mailing Address _____
_____
_____**, VT** _____

Co-Applicant Contact Name _____ Daytime Phone _____ Email Address _____

VT Dept of Taxes BUSINESS ACCOUNT # _____ Federal ID # _____

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Does the Applicant have zoning regulations requiring a vegetated buffer along lakeshores or river corridor protection? ☐ yes ☐ no

If regulations requiring a vegetated buffer exist, what is the width of this buffer in feet? _____ feet

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Will local cash dollars contribute to the project? ☐ yes $_____ ☐ no

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**Certification** - As the duly authorized municipal representative of the identified municipality, I certify that to the best of my knowledge and belief, the information contained in this application is true and correct, and the municipality has duly authorized the document. I also certify that all other towns with shoreline property on the project lake have been notified of this application.

Duly Authorized **Municipal/Village/NRCD Representative** SIGNATURE: DATE:

Print NAME:
_____ Title: _____

By signing below, I agree that the APPLICANT will receive all checks and be responsible for all grant and project paperwork, if a grant is awarded.

Duly Authorized **Joint Applicant** SIGNATURE (if applicable): DATE:

Print NAME:
_____ Title: _____

In addition to completing this **APPLICATION FORM** and the provided worksheet, ***Worksheet for Developing an Aquatic Nuisance Control Project, Project Year 2016*** (Attachment A, page 3), a complete application also includes the following:

- A typed **project description**. Briefly describe the project, including project goals and the tasks to be performed. The project description should address each of the following:
  - Explain what aquatic nuisance species will be targeted;
  - Describe the activities to be undertaken during the project year;
  - Identify key staff who will be involved in the project, and their respective roles and responsibilities;
  - Include an explanation of all of the expenditures included in each budget category in *Attachment A: Worksheet for Developing an Aquatic Nuisance Control Project*;
  - Identify permits necessary for any aspect of the project;
  - Describe the degree of local efforts involved in the project; and,
  - Include the project's long-term - five years or less - goals.
- A **table of project tasks with a timeline** identified for each task. An example table is provided below:

| **Task** | **Timeline** |
|---|---|
| Conduct an aquatic plant survey. | August 2016 |
| Continue a long-range integrated management plan to control Eurasian watermilfoil with: volunteer monitoring; and the use of diver operated suction harvesting and hand pulling. | April-September 2016 |
| Implement a volunteer network of watchers. | April-September 2016 |
| Implement a public boat access "greeter" program. | May-September 2016 |

- Provide a **map of the water body(s)** indicating the project site(s). Indicate the compass direction "north" on the map.

### *Supplemental Submittal Requirements*

- Provide a **Certificate of Insurance** to show that the following minimum coverage is in effect. Grant recipients shall name the State of Vermont and its officers and employees as an additional insured.
  - Workers Compensation (in accordance with the laws of the State of Vermont);
  - General Liability and Property Damage ($1,000,000 per occurrence); and,
  - Automotive Liability ($1,000,000 combined single limit)
- Complete and submit a **VTDEC Risk Assessment Questionnaire** (Attachment B, page 4) unless an applicant has completed this questionnaire for VTDEC in the last 12 months. As long as the questionnaire was signed within the last 12 months of your application submittal, you do not need to submit a new version.
- Complete and submit a **VTDEC Request for Approval to Subgrant/Subcontract form** (Attachment C, page 6) if your project involves a contractor. Complete one form per contractor.

# ATTACHMENT A

*Worksheet for Developing an Aquatic Nuisance Control Project, Project Year 2016*

***Note**: Vermont Sales Tax is not an eligible grant expense as municipalities are tax-exempt.*

| **Water body(s):** _____ | **APPLICANT (Town/Village/NRCD):** _____ | **TOTAL** |
|---|---|---|
| **A. *PERSONNEL SALARIES*** LIST EACH COMPONENT<br>_____: number of persons _____@ $_____/hour x _____ hours/person = $_____<br>_____: number of persons _____@ $_____/hour x _____ hours/person = $_____<br>_____: number of persons _____@ $_____/hour x _____ hours/person = $_____<br>_____: number of persons _____@ $_____/hour x _____ hours/person = $_____ | | **$**_____ |
| **B. *FRINGE BENEFITS*** - % of paid salaries (social security, health, etc.) | | **$**_____ |
| **C. *TRAVEL*** - _____ miles @ $0.575 per mile (based on Federal/State rate 1/1/15) | | **$**_____ |
| **D. *EQUIPMENT***<br>Equipment rental $_____<br>Equipment repair $_____<br>New equipment purchases: specify on an attached sheet. $_____ | | **$**_____ |
| **E. *SUPPLIES***<br>Gasoline/Oil $_____<br>Miscellaneous parts and supplies (hydraulic fluid, hoses, etc.) $_____<br>Miscellaneous tools (rakes, pitchforks, tools, etc.) $_____<br>Other: specify on an attached sheet $_____ | | **$**_____ |
| **F. *CONTRACTUAL****<br>Consultant $_____<br>Control contractor $_____<br>Other: specify on an attached sheet $_____<br>* Labor duties shall not be assigned to a subcontractor without the prior written approval of the State. Written approval is obtained by completing the Request for Approval to Subgrant/Subcontract Form | | **$**_____ |
| **G. *OTHER*** - List each item separately on an attached sheet. | | **$**_____ |
| **H. *INDIRECT COSTS***<br>An approved indirect rate will need to be on file if an award is granted. | | **$**_____ |
| **I. *IN-KIND PERSONNEL*** LIST EACH COMPONENT *<br>_____: number of persons _____@ $_____/hour x _____ hours/person = $_____<br>_____: number of persons _____@ $_____/hour x _____ hours/person = $_____<br>_____: number of persons _____@ $_____/hour x _____ hours/person = $_____<br>_____: number of persons _____@ $_____/hour x _____ hours/person = $_____<br>*Any in-kind rates used that are different than those provided must be explained separately. | | **$**_____ |
| **J. *IN-KIND SERVICES***<br>List each item separately on an attached sheet. | | **$**_____ |
| ***TOTAL ESTIMATED PROJECT COST*** | | **$**_____ |

**ATTACHMENT B**

VERMONT
ENVIRONMENTAL CONSERVATION

# RISK ASSESSMENT QUESTIONNAIRE

The purpose of the risk assessment is to determine whether or not a potential grantee is financially stable and if the agency uses accounting systems that are adequate to meet the State of Vermont administrative requirements. Please complete the following questionnaire and have it signed by the Executive Director and Fiscal Officer for your organization.

**Name of Entity Completing Questionnaire:** _____

| Question | Yes | No | N/A |
|---|---|---|---|
| 1. Is each award/grant received by your agency accounted for separately? | | | |
| 2. Does your agency maintain documentation to substantiate the value of in-kind contributions? | | | |
| 3. Does your agency use an electronic accounting software system (as opposed to manual)? | | | |
| 4. Does the accounting system track receipts and disbursements by funding source? | | | |
| 5. Does your agency have a written Internal Control policy? To include salary scales, fringe benefits, travel reimbursement and personnel policies. | | | |
| 6. Does your agency have a comptroller, or equivalent? (If no, please identify the name and position of the employee(s) who performs this function.). A comptroller is a management level position responsible for supervising the quality of accounting and financial reporting of an organization. | | | |
| 7. Does your agency regularly monitor budgeted versus actual expenditures to ensure that cost categories aren't over-spent or under-spent? | | | |
| 8. Are all purchases made based on purchase requests/purchase orders which must first be approved by a responsible agency official? (If no, please explain.) | | | |
| 9. Does your agency have written procurement procedures indicating which individuals are authorized to initiate a purchase request, the flow of documents, and the requested levels of approval? | | | |
| 10. Are time and attendance records maintained for employees, including the Executive Director? | | | |

Vermont DEC – Risk Assessment Questionnaire - Revised June 2015

| Question | Yes | No | N/A |
|---|---|---|---|
| 11. Does the agency have a system to track staff time spent on various grants/projects, for those employees whose salaries are allocated to more than one contract/grant? | | | |
| 12. If your agency expended more than $500,000 in federal funds during the previous fiscal year, did your agency have an A-133 audit performed? | | | |
| 13. If there were any findings in the report, has your agency implemented action plans to address all findings? (If no, please explain.) | | | |
| 14. Does your agency have a Policy and Procedures Manual that is available to all employees? | | | |
| 15. Has your agency executed any contracts or MOU's with any other governmental or non-governmental agencies in the past three years? (If yes, please describe.)? | | | |

I hereby certify that to the best of my knowledge and belief, the information provided in response to the foregoing questions is true and accurate.

_____ _____
Chief Officer Signature Chief Fiscal Officer

_____ _____
Date Date

# ATTACHMENT C

## Department of Environmental Conservation
## Request for Approval to Subgrant/ Subcontract

| | |
|---|---|
| Date of Request: | |
| Original Grantee/Contractor: | |
| Address: | |
| Phone Number: | |
| Agreement #: | |

| | |
|---|---|
| Subcontractor Name: | |
| Address: | |
| Phone Number: | |
| Contact Person: | |
| Scope of Services: | |
| Maximum Amount:: | $ |

| | |
|---|---|
| Original Grantee/Contractor Signature: | |
| By signing above, the Grantee/Contractor certifies that the subcontractor has been selected using their procurement policy, as required by the original agreement, and certifies that any conflict of interest has been addressed in accordance to the following Conflict of Interest Statement.<br><br>Conflict of Interest Statement: The grantee/contractor shall not hire a subcontractor if a staff or board member has either a direct or indirect financial interest in obtaining the subcontract. While serving on the board of the grantee's agency, commission or organization, a member shall avoid any potential or the appearance of any conflict of interest pertaining to a State-awarded grant or contract. | |

DEC Business Office Review

**Approval:** _____ **Date:** _____

**On the reverse side of this form there is language that must be included by the contractor in all subcontracting agreements.**

**Language to be included in all subcontracting agreements:**

**11. Taxes Due To The State**:

a. Contractor understands and acknowledges responsibility, if applicable, for compliance with State tax laws, including income tax withholding for employees performing services within the State, payment of use tax on property used within the State, corporate and/or personal income tax on income earned within the State.

b. Contractor certifies under the pains and penalties of perjury that, as of the date the contract is signed, the Contractor is in good standing with respect to, or in full compliance with, a plan to pay any and all taxes due the State of Vermont.

c. Contractor understands that final payment under this contract may be withheld if the Commissioner of Taxes determines that the Contractor is not in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont.

d. Contractor also understands the State may set off taxes (and related penalties,interest and fees) due to the State of Vermont, but only if the Contractor has failed to make an appeal within the time allowed by law, or an appeal has been taken and finally determined and the Contractor has no further legal recourse to contest the amounts due.

**12. Child Support**: (Applicable if the Contractor is a natural person, not a corporation or partnership.) Contractor states that, as of the date the contract is signed, he/she:

a. is not under any obligation to pay child support; or
b. is under such an obligation and is in good standing with respect to that obligation; or
c. has agreed to a payment plan with the Vermont Office of Child Support Services and is in full compliance with that plan.

Contractor makes this statement with regard to support owed to any and all children residing in Vermont. In addition, if the Contractor is a resident of Vermont, Contractor makes this statement with regard to support owed to any and all children residing in any other state or territory of the United States.

**13. Subcontractors**: Contractor shall not assign or subcontract the performance of this agreement or any portion thereof to any other contractor without the prior written approval of the State. Contractor also agrees to include in all subcontract agreements a tax certification in accordance with paragraph 11 above.