

**Instructions for Completing an
Application for an Aquatic Nuisance Species Grant-in-Aid Grant**

Project Year 2010

Vermont Department of Environmental Conservation, Aquatic Invasive Species Program 802-241-3777

Application Form Instructions:

✓ Please type or print in ink.

✓ Submit an **original and one copy of the complete Application Form, Attachment A and all supporting documents -project description, map of waterbody and proof of insurance.**

1. **Waterbody/Town:** The name of the waterbody where the project is proposed and the town(s) in which the waterbody is located.
2. **Applicant:** The applicant must be a municipality. If the waterbody where the project takes place is in more than one municipality, the municipalities may file a joint application. However, a joint application is not required. Any and all funds will be granted directly to the Applicant. A phone number must be provided.
3. **Joint Applicant:** If shoreline towns want to be joint applicants, all towns should be listed on the application. The "Applicant" should be the town who will take the lead and receive grant documents. Other town(s) should be listed as the "Joint Applicant." The state will issue all checks to the Applicant only.
4. **Contact Person:** The contact person is the person who knows the project details and budget information, and can answer questions about the project. The contact person does not have to be a town official but could be a local waterbody contact. Please provide a daytime phone number for this person and email address if available.
5. **Project Start - Duration:** Indicate when the project is expected to begin and end.
6. **Project Description:** Attach a detailed description explaining all aspects of the project; please type your descriptions. The Project Description must include an explanation of the expenditures included in each budget category (#8, Budget Categories) and the method used to derive the cost estimates for each budget category. In addition, please identify permits necessary for any aspect of the project. The state may award a grant for 75% or less of the total estimated project cost. The applicant must contribute at least 25% of the final eligible project cost through in-kind labor (unpaid personnel), in-kind services and/or actual cash expenditures (all from non-state sources).
7. **Map of Waterbody:** Attach a map of the waterbody indicating the proposed program control site(s).
8. **Budget Categories:** Before completing #8, complete Attachment A: *Worksheet*. Fill in all category totals that apply to your project. **Note: Vermont Sales Tax is not an eligible grant expense as municipalities are tax-exempt.** Groups (e.g. lake, river) working with a town on an aquatic nuisance control project **should request** the town's tax-exempt number.
9. **Local Cash:** Amount of local cash dollars available to the project.
10. **Public access:** Indicate the type(s) of public access to the waterbody, if any.
11. **Applicant fiscal year:** start _____ ends _____
12. **Certification:** The applicant (authorized municipal representative) must sign the application. Any other towns with shoreline property on the project lake must be notified.
Applicant/Town of: Duly authorized municipal representative must sign and print name.
Joint Applicant/Town of: If applicable, duly authorized municipal representative must sign and print name.

**ATTACHMENT A Instructions:
Worksheet for Developing an Aquatic Nuisance Species Management Project**

- ✓ *Please type or print in ink.*
- ✓ *Note: Vermont Sales Tax is not an eligible grant expense as municipalities are tax-exempt. Groups (e.g. lake, river) working with a town on an aquatic nuisance control project **should request the town's tax-exempt number.***

- A. **Personnel Salaries:** Hourly rates to be paid to **hired personnel** in conjunction with this project and an estimate of the number of hours needed. Further clarification on the justification for an hourly rate may be required.
- B. **Fringe Benefits:** Calculate the percentage of paid salaries; include social security, health benefits, etc.
- C. **In-kind Personnel:** Any associated in-kind labor must reflect actual hours spent on the project. Only in-kind labor accrued in the year of the grant is eligible. Please use the following in-kind rates for your project. If your project has a component that is not listed or if a listed rate is not appropriate for you project, **please explain on a separate sheet the component and the rationale for the hourly rate proposed for the component.** No payment of State funds will be made on the value of donated in-kind labor. The value of in-kind labor (**unpaid personnel**) may be used to match state funds.

<i>Component</i>	<i>Rate</i>
Education	\$15.00 per hour
Engineer	\$50.00 per hour
Handpuller (non-scuba)	\$18.00 per hour
Program Administration/Coordination	\$20.00 per hour (Details on this component may be required.)
Scuba Diver	\$25.00 per hour
Watcher/Searcher	\$12.00 per hour

- D. **In-kind Services:** Only in-kind services accrued in the year of the grant are eligible. No payment of state funds will be made on the value of donated in-kind services. Please list the service and the value on a separate sheet. The value of non-personnel in-kind services (e.g., donated equipment, supplies, travel) may be used to match state funds.
- E. **Equipment:** Use this category for new equipment purchases only. List each item separately on an attached sheet and include equipment make and model number. For an individual piece of equipment of \$5,000 or greater, provide at least three bids or a statement as to why bids were not sought.
- F. **Supplies:** Describe all supplies to be purchased for the project; be specific. Use a separate sheet if needed.
- G. **Contractual:** Use this category for contractual services or equipment rentals.
- H. **Travel:** Use this category for miles that are anticipated to plan or conduct this project.
- I. **Insurance:** Use this category for worker's compensation, general liability and property damage and automotive insurance. **Review the insurance guidelines provided in ATTACHMENT B.** Proof of insurance for worker's compensation, general liability and property damage, and automotive liability must be submitted with your application.
- J. **Miscellaneous:** Miscellaneous items must be specific to the project and not listed anywhere else on the form. Explain on a separate sheet.
- K. **Total Estimated Project Cost::** Total all items to determine the total estimated cost for your project.

Application Form
Aquatic Nuisance Species Grant-in-Aid Grant, Project Year 2010
 Vermont Department of Environmental Conservation Aquatic Invasive Species Program 802-241-3777

PLEASE TYPE or PRINT in ink
Submit an original and one copy of this application form and all supporting documents.

1. **Waterbody(s):** _____ **Town(s):** _____

2. APPLICANT:		
MAILING ADDRESS:		VT Dept of Taxes BUSSINESS ACCOUNT #:
PHONE:	EMAIL ADDRESS:	Federal ID #:
3. JOINT APPLICANT (if applicable):		
MAILING ADDRESS:		VT Dept of Taxes BUSSINESS ACCOUNT #:
PHONE:	EMAIL ADDRESS:	Federal ID #:
4. CONTACT PERSON (if different from above):		
MAILING ADDRESS:		
PHONE (daytime):	EMAIL ADDRESS:	

5. **Project Start:** _____ **Project Duration:** _____

6. **Project Description:** Attach a detailed, **typed** project description. At a minimum, the description should explain: a) the nuisance to be controlled, b) the activities proposed under the control program, c) any permits necessary for this proposed project, and d) an explanation of the expenditures included in each budget category and how the estimated costs were derived.
7. **Map of Waterbody:** Attach a sketch or appropriate map indicating the proposed program control site(s). Indicate the compass direction "north" on the sketch.
8. **Budget Categories:** Before completing the table below, complete Attachment A, "Worksheet for Developing an Aquatic Nuisance Control Project."

	Category	Total Anticipated Expense
A.	Personnel Salaries	
B.	Fringe Benefits	
C.	In-kind Personnel (un-paid labor)	
D.	In-kind Services (non-personnel)	
E.	Equipment (new)	
F.	Supplies	
G.	Contractual	
H.	Travel	
I.	Insurance	
J.	Miscellaneous	
K.	TOTAL ESTIMATED PROJECT COST	

9. Available local cash dollars (if any): \$ _____

10. Public access (please check): federal state municipal other none

11. Applicant fiscal year: start _____ ends _____

12. **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 form 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.

APPLICANT/TOWN OF:	
DULY AUTHORIZED MUNICIPAL REPRESENTATIVE (print name) :	
TITLE:	
SIGNATURE:	DATE:

JOINT APPLICANT/TOWN OF: (if applicable)	
By signing below, I agree that the APPLICANT will receive all checks and be responsible for all grant and project paperwork.	
DULY AUTHORIZED MUNICIPAL REPRESENTATIVE (print name):	
TITLE :	
SIGNATURE:	DATE:

Checklist for a Complete Application

- Completed *Application Form*
- Detailed Project Description
- Map of Water body
- Completed Attachment A - *Worksheet*
- Certificates of insurance (See Attachment B of application) for:
 - Workers' Compensation
 - General Liability and Property Damage
 - Automotive Liability
- Signature(s)

Mail original **and one copy** by **Wednesday March 3, 2010** to:

Attn: **Aquatic Nuisance Control Grant-in-Aid Program**
VTDEC, Water Quality Division
103 South Main Street, Bldg. 10 North
Waterbury, VT 05671-0408

Questions? Telephone: 802-241-3777

ATTACHMENT A: Worksheet for Developing an Aquatic Nuisance Species Management Project For a *Grant-in-Aid Grant*, Project Year 2010

Waterbody(s): _____ Applicant(s): _____

Address the following categories if applicable. By preparing this worksheet first, your organization will have made the budget decisions necessary to apply for funds. The value of in-kind personnel and in-kind services may be used to match state funds. Only in-kind match accrued in the year of the grant is eligible.

A. PERSONNEL SALARIES

Component _____:	number of persons _____ @ \$ _____/hour x _____ hours/person	\$ _____
_____:	number of persons _____ @ \$ _____/hour x _____ hours/person	\$ _____
_____:	number of persons _____ @ \$ _____/hour x _____ hours/person	\$ _____
_____:	number of persons _____ @ \$ _____/hour x _____ hours/person	\$ _____

A. Total Personnel Salaries = \$ _____

B. FRINGE BENEFITS - % of paid salaries (social security, health, etc.)

B. Total Fringe = \$ _____

C. IN-KIND PERSONNEL - use the rates listed on the Attachment A instructions (when applicable). Any in-kind components or rates used that are different than those listed in the instructions must be explained separately.

Component _____:	number of persons _____ @ \$ _____/hour x _____ hours/person	\$ _____
_____:	number of persons _____ @ \$ _____/hour x _____ hours/person	\$ _____
_____:	number of persons _____ @ \$ _____/hour x _____ hours/person	\$ _____
_____:	number of persons _____ @ \$ _____/hour x _____ hours/person	\$ _____

C. Total In-Kind Personnel = \$ _____

D. IN-KIND SERVICES

List each item separately on an attached sheet.

D. Total In-Kind Services = \$ _____

E. EQUIPMENT - New equipment purchases.

List each item separately on an attached sheet.

E. Total Equipment = \$ _____

F. SUPPLIES

Gasoline/Oil	\$ _____
Miscellaneous parts and supplies (hydraulic fluid, hoses, etc.)	\$ _____
Miscellaneous tools (rakes, pitchforks, tools, etc.)	\$ _____
Other - specify on an attached sheet	\$ _____

F. Total Supplies = \$ _____

G. CONTRACTUAL

Equipment rental: (number of days/hours _____ @ \$ _____ per day or hour)	\$ _____
Equipment maintenance	\$ _____
Equipment repair	\$ _____
Equipment storage	\$ _____
Consultant	\$ _____
Other – please specify on an attached sheet	\$ _____

G. Total Contractual = \$ _____

H. TRAVEL _____ miles @ \$ 0.55 per mile*

*based on Federal/State rate 1/1/09.

H. Total Travel = \$ _____

I. INSURANCE (liability, workers compensation, etc.)

(see ATTACHMENT B)

I. Total Insurance = \$ _____

J. MISCELLANEOUS

List each item separately on an attached sheet.

J. Total Miscellaneous = \$ _____

K. TOTAL ESTIMATED PROJECT COST

K. Total = \$ _____

ATTACHMENT B

Guidance Document: Insurance for Subrecipients (Grant-in-Aid Grant recipients)

1. Insurance is required

Vermont Agency of Administration outlines insurance requirements for subrecipients (receivers) of grants provided through the State of Vermont in “STATE OF VERMONT, AGENCY OF ADMINISTRATION, BULLETIN NO. 5, SINGLE AUDIT POLICY FOR SUBGRANTS, COMPLIANCE WITH OMB, CIRCULAR A-133” See: http://aoa.vermont.gov/sites/aoa/files/pdf/AOA-Bulletin_5.pdf

- Subrecipients must provide “certificates of insurance” to the grant administrator. Please provide as part of the Grant-in-Aid application package.
- Required insurance includes General Liability and Property Damage, and Automobile Liability (including non-owned automobiles).
- Depending on the activities funded by the grant, insurance may also be required for Performance Bond, Workers’ Compensation and Professional Liability.
- Summary of Required Insurance is listed in #5 of this attachment.
- Note, for a very few and very low risk activities, waivers from some insurance requirements may be obtained from the Department of Buildings and General Services, Risk Management Division. Contact Ann Bove, Water Quality Division for a copy of the appropriate form.
- Subrecipients that reissue grant funds (subgranting) need to ensure that all provisions of Bulletin No. 5, including insurance, are applied to the parties receiving the funds. (Bulletin No. 5, Attachment C, Provision #14).

2. Insurance is a good idea

- Most all work performed under a grant presents a risk of injury or other harm that may be the subject of a lawsuit.
- Insurance may protect receivers of grants from losses associated with these claims, including legal fees.
- In addition to protecting those associated with the grant, insurance is required to protect the State’s interests.
- Insurance also provides a mechanism to compensate injured or harmed individuals.

3. Potential options for meeting the insurance requirement

Receivers of grants need to provide “certificates of insurance” to the grant manager, as determined appropriate for the grant in the grant agreement. This may be as easy as calling your insurance company, providing to the name and address of the grant manager, and asking them to send the certificates. In other cases where additional or a new insurance policy is needed one of the below potential options maybe appropriate. This guidance provides a starting point for exploring these potential options.

Existing Insurance Adequate

Contact your organization’s insurance company, providing to the name and address of the grant manager, and asking them to send the required certificates.

Existing Insurance Not Adequate

Contact your organization’s insurance company and ask if your existing policy can be amended to include the required insurance. In some cases, this option will be more attractive than purchasing a new policy.

Obtain Insurance by Joining an Organization

Certain organizations seeking grants from Vermont may be eligible to join other organizations that provide insurance. This will depend on the nature and policies of both organizations. General information and contacts are provided.

1. Vermont League of Cities and Towns (VLCT)
Mission: To serve and strengthen Vermont local governments.
Insurance: Provider of insurance to Vermont municipalities or “subdivision of the state”.
Contact: Tina Feeney, Underwriter, 229-9111, tfeeney@vlct.org.

Comment: VLCT provides insurance to entities such as Cities, Towns, Villages, Fire Districts, Regional Planning Commissions and Vermont Conservation Districts. These organizations can join VLCT and purchase insurance.

2. Become a Non Profit Organization and Obtain 501(c)(3) Status
Insurance: Insurance could be purchased from “Alliance of Nonprofits for Insurance Risk Retention Group” (ANI-RRG).
Mission: ANI-RRG mission is to be a stable source of reasonably priced liability insurance for 501(c)(3) nonprofits.
Contact: For becoming a nonprofit see Vermont Secretary of States Office, <http://www.sec.state.vt.us/tutor/dobiz/noprof/Nonprofit/nphome.htm>, 1-802-828-2386.
For ANI-RRG contact www.ani-rrg.org, 1-800-359-6422.

Comment: Organizations need to complete both state and federal processes to obtain 501(c)(3) nonprofit status. This may not be a viable option for very small projects.

Obtain Insurance Through Third Party Organizations

An organization seeking a grant from Vermont may in some cases be able to obtain insurance by having a third party organization play a role in the project. From an insurance point of view, the third party would need to document that they have an “insurable interest” in the project. The availability of insurance for a subrecipient’s project will depend in part on the policies of the third party’s organization. General information and contacts are provided

1. VLCT Member. Have a municipality or other “subdivision of the state” insure the project on their existing VLCT policy.
Contact: Individual VLCT member organization. Organizations interested in pursuing this potential option need to contact the governing body of the VLCT member organization.
Comment: This requires a formal documentation of the VLCT member’s role in the project. In some cases the grant needs to be received by the VLCT member.
2. Resource Conservation and Development Councils (RC&D).
There are two RC&D Councils in Vermont that work on natural resource conservation and rural development issues. Projects may be submitted to the RC&D Council, if approved they may be covered under the organizations existing insurance policy.
Contact: Ken Hafner, Coordinator at kenneth.hafner@vt.usda.gov
(802) 728-9526 or Josh Hanford, Projects Manager at joshhanfordemail@yahoo.com

Comment: The Vermont USDA NRCS RC&Ds acquired the ability to provide additional insurance services for affiliated projects in September 2004. Details on arrangements for individual projects are determined on a case-by-case basis. In some cases the grant need to be received by the RC&D.

Purchase New Insurance for the Organization Applying for the Grant.

This potential option involves contacting the insurance market for quotes on required insurance.

Contacts: Larger brokerage houses licensed in Vermont.

Comment: Organizations should provide a concise summary of their organization and activities, and the project to be funded by the grant. Include a copy of the required insurance, as determined in the grant agreement.

This option may be selected when the above listed potential options are not successful. This may be a more costly option because of economies of scale offered by some of the potential options listed above.

4. Insurance cost covered by a grant

The amount of insurance covered by a grant depends in part on the individual grant program. Grants offered by programs range from covering only specific items such as equipment, a portion of a given project, to entire projects. Some grants require in-kind matches to a grant, and others use cost-effectiveness or in-kind matches as factors in determining the attractiveness of competitive grant applications. Generally it is in the interest of applicants and the state to keep administrative costs, which includes insurance, as reasonable and fair as possible. The following scenarios are offered as guidance.

- A. Applicants with existing insurance may have no additional insurance cost as part of the grant application.
- B. Applicants with less than adequate insurance may be able to include small premium increases as part of some grant programs.
- C. Applicants selecting to join other organizations to obtain insurance may be able to include a portion of the insurance costs of joining the organization.
- D. Applicants selecting to obtain insurance through third party organizations may be able to include insurance costs.
- E. Applicants selecting to purchase new insurance policies to qualify for a grant may be able to include insurance costs.

Insurance costs are part of administrative cost. Administrative costs, when allowed by a grant program, should generally not exceed 15 percent of the project cost. In cases where an organization or project is funded by multiple sources, reimbursement for insurance cost should reflect the grant's portion of all funding sources.

5. Summary of Required Insurance: Below is an excerpt from Bulletin No. 5, which describes specific insurance requirements. To review a copy of the complete Bulletin refer to:

http://aoa.vermont.gov/sites/aoa/files/pdf/AOA-Bulletin_5.pdf

BULLETIN NO. 5, APPENDIX IV, GUIDELINES FOR ATTACHMENT C
CUSTOMARY GRANT PROVISIONS: #5, #6, #14

5. **Independence, Liability:** The Subrecipient will act in an independent capacity and not as officers or employees of the State. The Subrecipient shall indemnify, defend and hold harmless the State and its officers and employees from liability and any claims, suits, judgments, and damages arising as a result of the Subrecipient's acts and/or omissions in the performance of this Grant.

6. **Insurance:** Before commencing work on this Grant the Subrecipient must provide certificate(s) of insurance to show that the following minimum coverages are in effect. It is the responsibility of the Subrecipient to maintain current certificates of insurance on file with the State through the term of the Grant. No warranty is made that the coverages and limits listed herein are adequate to cover and protect the interests of the Subrecipient for the Subrecipient's operations. These are solely minimums that have been set to protect the interests of the State.

Workers' Compensation: With respect to all operations performed, the Subrecipient shall carry workers' compensation insurance in accordance with the laws of the State of Vermont.

General Liability and Property Damage: With respect to all operations performed under the grant, the Subrecipient shall carry general liability insurance having all major divisions of coverage including, but not limited to:

Premises - Operations
Products and completed Operations
Personal Injury Liability
Contractual Liability

The policy shall be on an occurrence form and limits shall not be less than:

\$1,000,000 per Occurrence
\$1,000,000 General Aggregate
\$1,000,000 Products / completed operations aggregate
\$ 50,000 Fire Legal Liability

Party shall name State of Vermont and its officers and employees as additional insureds for liability arising out of this agreement.

Automotive Liability: The Subrecipient shall carry automotive liability insurance covering all owned, non-owned and hired vehicles, used in connection with the Grant. Limits of coverage shall not be less than: \$1,000,000 Combined single limit

Party shall name State of Vermont and its officers and employees as additional insureds for liability arising out of this agreement.

14. **Subgranting:** Subrecipient shall not assign or subgrant the performance of this Grant or any portion thereof to any other Subgrantee without the prior written approval of the State. They must advise their subrecipients of requirements imposed on them by federal laws, regulations, and the provisions of contracts or grant agreements as well as any supplemental requirements imposed by the pass-through entity. They must also set up a plan for monitoring those subrecipients' use of the funds.