

**Notice:** Information requested on this form is required to apply for a grant under ch. NR 47, Wis. Adm. Code. The Department will be unable to process your application unless you complete and submit this form **postmarked by the First Friday in December**. Personal information collected will be used for program administration and may also be made available to requesters under Wisconsin's Open Records law [ss. 19.31 – 19.39, Wis. Stats.]

**Part 1: County or Bureau Coordinator Information**

County or DNR Bureau			Coordinator Title		
Coordinator Name			Daytime Phone		
Street			Email Address		
City	State	ZIP Code	Fax	Cell Phone	

**Part 2: Local Contact Information**

Municipality or DNR Property			Contact Title		
Contact Name			Daytime Phone		
Street			Email Address		
City	State	ZIP Code	Fax	Cell Phone	

**Part 3: Treatment Block Information**

Complete the following information for **EACH** block. Copy this form for **EACH** additional treatment block. Include all section numbers that fall within the block.

County name & number of block		Municipality or DNR property name & number if more than one			
Site Description , select one			Town	Range	Section
<input type="checkbox"/> Residential Urban/Suburban <input type="checkbox"/> Residential Rural <input type="checkbox"/> Woodlot <input type="checkbox"/> Park or Recreational Lands					

\_\_\_\_\_ **Estimated total acres in treatment block** (may be cost shared up to 50%)

*Provide a GIS file of gypsy moth treatment blocks in the following format to your DNR regional suppression coordinator:*

1. Shapefile of the treatment block polygons in Wisconsin Transverse Mercator (WTM) NAD83/91 projection (**county coordinates will not be accepted**). For projection parameters see <http://www.dnr.state.wi.us/maps/gis/wtm8391.html>.
2. Each polygon must have a block name (=county name & number), county and treatment type associated to it in the shapefile attribute table. Treatment type will be determined after screening for endangered species, use XX until treatment is determined.
3. For further details on mapping requirements, first consult with your county coordinator. If additional details are needed, contact Courtney Klaus, DNR GIS Analyst, (608) 266-9272 or email [courtney.klaus@wisconsin.gov](mailto:courtney.klaus@wisconsin.gov).
4. Provide 2 printouts of the digitized map.

*Include the following information on each map printout:*

- A. The treatment block boundaries. See block design directions in guidelines. Adjacent blocks need to be treated as one block. For communities with more than 1 spray block, include a map that shows block locations relative to one another.
- B. Mark all aerial hazards (radio and cell towers, high power transmission lines, etc.) and institutions in or near a block (schools, hospitals, nursing homes, etc.) with black triangles and identify each triangle with specific hazard or institution.
- C. The location of 1/40<sup>th</sup> acre egg mass survey plots with a black circle.
- D. The results of 1/40<sup>th</sup> acre egg mass surveys to the right of the survey plot circle.

*For residential areas, provide one copy of a parcel map showing the location of residences in each treatment block. For rural areas, provide one copy of a plat map for each block. Keep maps to a maximum size of 11"x17". Mark the following information on each map:*

- A. The treatment block boundaries in red.
- B. The location of each 1/40<sup>th</sup> acre egg mass survey plot with a black circle.
- C. The results of 1/40<sup>th</sup> acre egg mass surveys to the right of the survey plot circle.

**Part 5: Calculating Egg Masses Per Acre**

- Select the appropriate row for the estimated number of acres in the block in Column A.
- Read across the row to find the minimum number of survey plots required in Column B.
- Add the egg mass results together to equal a sum in Column C.
- Divide the sum in Column C by the minimum number of required surveys in Column B to equal an average in Column D.
- Multiply the average in Column D by 40 to get the egg mass per acre in Column E.
- For blocks that contain both residential and rural areas, separate the land ownership categories and conduct the appropriate number of surveys within each area. Contact a Suppression Coordinator for help.

Column A Number of Acres in Block	Column B Minimum Number of Required Survey Plots	Column C Sum of Egg Masses in all Survey Plots	Column D Average Number Egg Masses Per Survey Plot C sum ÷ B = D average	Column E Egg Masses per Acre Estimated from D Average x 40
20-50	3	_____ + _____ + _____ = _____ (egg mass) (C sum)	_____ ÷ B = _____ (C sum) (D average)	_____ x 40 = _____ egg masses per acre (D average)
51-100	4	_____ + _____ + _____ + _____ = _____ (C sum)	_____ ÷ B = _____ (C sum) (D average)	_____ x 40 = _____ egg masses per acre (D average)
101-200	6	_____ + _____ + _____ + _____ + _____ + _____ = _____ (C sum)	_____ ÷ B = _____ (C sum) (D average)	_____ x 40 = _____ egg masses per acre (D average)
Over 200	6 + 1 plot for each additional 100 acres (ex: 350 ac = 7)	_____ + _____ + _____ + _____ + _____ + _____ + _____ = _____ sum of additional plots as needed (C sum)	_____ ÷ B = _____ (C sum) (D average)	_____ x 40 = _____ egg masses per acre (D average)

**Part 6: Eligibility Checklist**

**Each** treatment block must meet the following criteria to be eligible for aerial treatment and cost share funding:

- A. The block is at least 20 contiguous acres in a compact and regular shape (check one).  Yes  No
- B. The canopy coverage is 50% or more (check one).  Yes  No
- C. The canopy coverage is 50% or more susceptible hosts (check one).  Yes  No
- D. As determined by 1/40<sup>th</sup> acre surveys, the minimum average number of egg masses per acre is (check one):  
 500 egg masses per acre on residential land and high use recreational land, or  
 1,000 egg masses per acre on rural land
- E. Will the county be requiring pre-payment for all or any portion of administration costs?  Yes  No

**Part 7: Applicant Certification**

I certify that, to the best of my knowledge and belief, data provided on this form is true and correct, and in accordance with ch. NR 47, Wis. Adm. Code. No other state or federal aid, grant or loan programs are used to match this grant (County applicants only).

County or Bureau Coordinator Signature	Date Signed	Local Coordinator Signature (Optional)	Date Signed
--	-------------	--	-------------

**Mail completed grant application and shapefiles postmarked by the first Friday in December to the DNR staff contact listed in the instructions.**

For DNR Use Only		
Date Application Received	Region Coordinator Approval and Date	Grant Manager Approval and Date