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**Section I: Application Type**

Check one:

- Education, Prevention & Planning       Early Detection & Response       Established Infestation Control

Legislative District Numbers		To determine your legislative district, go to <a href="http://165.189.139.210/WAML/">http://165.189.139.210/WAML/</a> Type in complete address, next screen shows information.
Senate	Assembly	
21	66	

**Section II: Applicant Information**

Applicant <b>Silver Lake Protection Association</b>	Type of Eligible Applicants			
Waterbody Name <b>Silver Lake</b>	<input type="checkbox"/> County	<input type="checkbox"/> Tribe	<input type="checkbox"/> Other Gov't Unit	<input type="checkbox"/> Federal
Project County/Township/Section/Range <b>Kenosha</b>	<input type="checkbox"/> City	<input type="checkbox"/> Sanitary Dist.	<input type="checkbox"/> Nonprofit Org.	<input type="checkbox"/> State
Authorized Representative Named by Resolution <b>Steve Mayer</b>	<input type="checkbox"/> Village	<input type="checkbox"/> Dist.	<input type="checkbox"/> College, School, etc.	<input type="checkbox"/> Other
Authorized Representative Title <b>Executive Director</b>	<input type="checkbox"/> Town	<input checked="" type="checkbox"/> Assoc.		

Project Contact Name <b>Tracey Mayer</b>			Project Contact Title <b>Executive Officer</b>		
Address <b>PO Box 165</b>			Address <b>PO Box 165</b>		
City <b>Silver Lake</b>	State <b>WI</b>	ZIP Code <b>53170</b>	City <b>Silver Lake</b>	State <b>WI</b>	ZIP Code <b>53170</b>
Daytime Phone (area code) <b>(262) 889-2509</b>	Evening Phone (area code) <b>(262) 889-2509</b>	Daytime Phone (area code) <b>(262) 889-2509</b>	Evening Phone (area code) <b>(262) 889-2509</b>	E-Mail Address <b>smayer1@wi.rr.com</b>	
E-mail Address <b>smayer1@wi.rr.com</b>			E-Mail Address <b>tracey.h.mayer@gmail.com</b>		

**Mail Check to:** (if different from applicant)

Name and Title <b>Dennis Faber - Executive Director</b>	Address <b>PO Box 165</b>		
Organization <b>Silver Lake Protection Association</b>	City <b>Silver Lake</b>	State <b>Wisconsin</b>	ZIP Code <b>53170</b>

**For DNR Use Only**

Application Type	Date Received	Date Reviewed (AIS/LC/RC)	AIS/Lake /River Coordinator Approval /Date
Waterbody ID#	Adequate Public Access <input type="checkbox"/> Yes <input type="checkbox"/> No	Environmental Grants Specialist Approval / Date	
Eligible Project <input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	Project Priority Rank	Research / Demo Project <input type="checkbox"/> Yes <input type="checkbox"/> No
Prior Grant Award(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	Fiscal Year(s)	Amount Received To Date \$	Project Awarded <input type="checkbox"/> Yes <input type="checkbox"/> No

# Aquatic Invasive Species (AIS) Control Grant Application

Form 8700-307 (12/11)

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### Section III: Project Information

Project Title <b>Silver Lake 2014-2016 EWM Control Project</b>	Proposed Ending Date <b>12/31/2016</b>
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Other Management Units	Letter of Support	Other Management Units	Letter of Support
1. Town of Salem	<input checked="" type="checkbox"/>	4.	<input type="checkbox"/>
2. Village of Silver Lake	<input checked="" type="checkbox"/>	5.	<input type="checkbox"/>
3. Rustic Shores Association	<input checked="" type="checkbox"/>	6.	<input type="checkbox"/>

### Section IV: Public Access

Number of Public Vehicle Trailer Parking Spaces Available at Public Access Sites:	25
Number of Public Access Sites Including Boat Launches and Walk-ins:	3

### Section V: Cost Estimate and Grant Request

<b>Section V must be completed or application will be returned. Details in support of Section V are welcome.</b>	Project Costs		
	Column 1 Cash Costs	Column 2 Donated Value	DNR Use Only
1. Salaries, wages and employee benefits		8952	
2. Consulting services	105585		
3. Purchased services--printing and mailing			
4. Other purchased services (specify):			
5. Plant material			
6. Supplies (specify)			
7. Depreciation on equipment			
8. Hourly equipment use charges			
9. State Lab of Hygiene (SLOH) Costs			
10. Non-SLOH Lab Costs			
11. Other (specify)			
12. <b>Subtotals</b> (sum each column)	105585	8952	
13. <b>Total Project Cost Estimate</b> (sum of column 1 plus sum of column 2)	114537		
14. <b>State Share Requested</b> (up to 75% of total costs may be requested)	85902.75		

Subject to the following maximum grant amounts:

- Education, Prevention and Planning Projects--up to \$150,000
- Early Detection and Response Projects--up to \$20,000
- Established Infestation Control Projects--up to \$200,000

Use of Federal funding as match: (check box below if applicable)

We are using or planning to apply for Federal funds to be used as match.

If known, indicate source of funding:

# Aquatic Invasive Species (AIS) Control Grant Application

Form 8700-307 (12/11)

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## Section VI: Attachments (check all that are included)

### A. For all applicants: (Refer to instructions for applicability.)

- 1. Authorizing resolution
- 2. Letters of support
- 3. Map of project location and boundaries
- 4. Lake map or river segment with public access sites identified (per Section IV of this application and page 20 of the guidelines)
- 5. Itemized breakdown of expenses
- 6. For projects that entail sending samples to the State Laboratory of Hygiene (SLOH) only: a completed SLOH Projected Cost Form
- 7. Project scope/description:
  - a. Description of project area
  - b. Description of problem to be addressed by project
  - c. Discussion of project goals and objectives
  - d. Description of methods and activities
  - e. Description of project products or deliverables
  - f. Description of data to be collected, if applicable
  - g. Description of existing and proposed partnerships
  - h. Discussion of role of project in planning and/or management of lake
  - i. Timetable for implementation of key activities
  - j. Plan for sharing project results
  - k. Other information in support of project not described above

### B. For applicants that are Lake Management Organizations (LMOs), River Management Organizations (RMOs) or Qualified Non-profit Organizations:

- 1. For first time applicant LMOs/RMOs only: A completed Form 8700-226 (Lake Association Organizational Application) or 8700-287 (River Management Organization Application)
- 2. For first time applicant Qualified Nonprofit Organizations only: Copy of IRS 501(c)(3) determination letter and copies of your Articles of Incorporation and Bylaws
- 3. List of national and/or statewide organizations with which you are affiliated
- 4. List of board members' names, including municipality and county of residence. Designate officers
- 5. Documentation of current financial status
- 6. Brochures, newsletters, annual reports or other information about your organization

### C. Education, Prevention and Planning Projects: (No additional attachments required.)

### D. Early Detection and Response Projects:

- 1. APM Permit application

### E. Established Infestation Control Projects:

- 1. Management Plan
- 2. APM Permit application

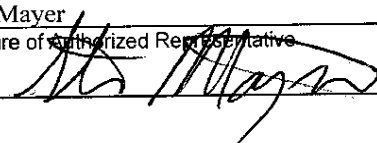
## Section VII: Certification

I certify that information in this application and all its attachments are true and correct and in conformity with applicable Wis. Statutes.

Print/Type Name of Authorized Representative

Steve Mayer

Signature of Authorized Representative



Title of Authorized Representative

Executive Director

Date Signed

July 30, 2013