

FOREST SERVICE PESTICIDE IMPACT ASSESSMENT PROGRAM (FS-PIAP)



Forest Service
U.S. DEPARTMENT OF AGRICULTURE

NEW PROJECT PROPOSAL

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

Project Information * The Submission (FY) refers to the current Fiscal Year.

Program	Admin Region	Submission (FY)*	Additional Project ID	Report Type New Project (NP)
Project Number:	<input type="text"/>		<input type="text"/>	
Project Title:	<input type="text"/>			
Years of Funding Requested:	<input type="text"/>	Final Year of Project:	<input type="text"/>	
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 FS-PIAP Total	Year 2 FS-PIAP Total	Total FS-PIAP Funds	Total Funds (All)

FS-PIAP Priorities Addressed (check all that apply)

- Endangered Species Act consultation with U.S. Department of the Interior/U.S. Fish and Wildlife Service and/or U.S. Department of Commerce/National Oceanic and Atmospheric Administration National Marine Fisheries Service
- Data needs for priority forestry pesticides undergoing risk assessment or re-registration review
- Registered pesticide alternatives and Integrated Pest Management strategies

Project Summary (Briefly describe the project being developed) (limit 1,000 characters):

Project Details

Background - Background, Justification, and Research Basis (i.e. Describe the forestry management problem addressed, describe the importance of identified data gaps, research leading up to this approach, and identify how proposal will further forestry pest management.) (limit 5,000 characters):

Provide overview of proposed project (e.g. Who, What, How, When...) (limit 5,000 characters):

Methods (limit 5,000 characters):

Describe proposed technology transfer and the expected impacts to Forest Health/Forest Management (e.g. How will the results be shared and how will it influence current forestry management?) (limit 2,500 characters):

Products/Measures of Success (e.g. Provide timeline of expected project accomplishments and enumerated deliverables) (limit 1,000 characters):

Citations of Relevant Research (5,000 characters):

[Empty box for citations]

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

Fiscal Year (FY):

Budget Type	Budget	Requested FS-PIAP Funding	Non-Federal Match**	Leveraged Funds***	Match Source	Leveraged Source
ADMINISTRATION	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 (1,000 characters):

* Funds allocated for "Travel to Meetings" in year 1 will only be approved for proposals requesting a single year of funding.

** 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)

Fiscal Year (FY):

Budget Type	Budget	Requested FS-PIAP Funding	Non-Federal Match	Leveraged Funds	Match Source	Leveraged Source
ADMINISTRATION	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 (1,000 characters):

Project Contacts (a single Funding Coordinator must be selected)

FHP Sponsor

Name: _____ Title: _____
Institution/Office: _____ Phone: _____
Email: _____ Time commitment: _____
Project Role: _____ Funding Coordinator:

Principal Investigators

Name: _____ Title: _____
Institution/Office: _____ Phone: _____
Email: _____ Time commitment: _____
Project Role: _____ Funding Coordinator:

Name: _____ Title: _____
Institution/Office: _____ Phone: _____
Email: _____ Time commitment: _____
Project Role: _____ Funding Coordinator:

Name: _____ Title: _____
Institution/Office: _____ Phone: _____
Email: _____ Time commitment: _____
Project Role: _____ Funding Coordinator:

Cooperators

Name: _____ Title: _____
Institution/Office: _____ Phone: _____
Email: _____ Time commitment: _____
Project Role: _____ Funding Coordinator:

Name: _____ Title: _____
Institution/Office: _____ Phone: _____
Email: _____ Time commitment: _____
Project Role: _____ Funding Coordinator:

Name: _____ Title: _____
Institution:/Office _____ Phone: _____
Email: _____ Time commitment: _____
Project Role: _____ Funding Coordinator:

Additional Documents and Keywords

List additional documents being submitted in support of the project (e.g., letters from stakeholders, spreadsheets, human subject certification coordinated with [US-EPA Human Studies Review Panel](#) (if project involves human exposure)) (limit 2,000 characters):

Keywords (limit 250 characters):