United States Department of Agriculture

SPECIAL TECHNOLOGY DEVELOPMENT PROGRAM
NEW PROJECT PROPOSAL

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

Project Information

	Program	Admin Region	Submission (FY)	Additional Project ID	Report Type New Project (NP)
Project Number:	**STDP**		**2021**		**NP**

Project Title: _____

Years Requested Funding: _____ Expected Final Report (FY): _____

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 STDP Total	Year 2 STDP Total	Year 3 STDP Total	Total STDP Funds	Total Funds (All)
$ 0	$ 0	$ 0	$ 0	$ 0

Subject Description

Subject Species Status: _____ **Subject Group Type:** _____

Subject Common and Scientific Names:

Host Common and Scientific Names:

STDP Priorities Addressed (check all that apply)

- ☐ Technologies that address diagnostic and screening tools that lead to the early detection of high priority emerging invasive species.
- ☐ Technologies that help quantitatively assess the impacts or risks of multiple interacting threats, including native/invasive insects and diseases, invasive plants, fire, environmental disturbances, and climate change, and include capabilities to better integrate forest health data into cross boundary and landscape-level analyses.
- ☐ Technologies that address pests of concern in under studied ecosystems (i.e. redbay, black ash, pinyon pine/juniper, high-elevation pines).
- ☐ The development of silviculture and other pest management tools and methods that improve, maintain, and restore forest health.

Project Category: _____

Briefly describe the project being developed (i.e., What is the tool?) (400 characters):

Who would use the Tool? (check all that apply)

- ☐ Forest Service
- ☐ Other Federal
- ☐ State
- ☐ Tribal
- ☐ Private Industry
- ☐ Private – Other
- ☐ International

Where will the Tool be used? (check all that apply)

- ☐ Region 1
- ☐ Region 2
- ☐ Region 3
- ☐ Region 4
- ☐ Region 5
- ☐ R5 – Hawaii
- ☐ R5 – Other Islands
- ☐ Region 6
- ☐ Region 8
- ☐ R8 – Puerto Rico
- ☐ Northeast Area
- ☐ Region 10

Define the project being developed (e.g., how does the tool being developed tie into the FHP mission, when will it be ready and who will maintain the tool if maintenance is necessary?) (2000 characters including spaces):

Provide Background, Justification, & Research Basis (e.g., Describe the management problem, the research leading up to this tool, and research that shows this is the next step in the process of developing a management tool) (2000 characters including spaces):

Methods (Please present information in a clear and concise manor, and use terminology that can be understood by a general audience) (6000 characters including spaces):

Describe stakeholder involvement in development of the proposal and application of the new technology (e.g., How involved are managers in the project?) (1200 characters including spaces):

Describe technology transfer and the expected impacts to Forest Health/Forest Management (e.g., How will the tool be shared and how will it change current management?) (1200 characters including spaces):

Products/Measures of Success (e.g., Provide timeline of expected project accomplishments) (1200 characters including spaces):

Citations:

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

Fiscal Year (FY):

Budget Type	Budget	Requested STDP 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	$ 0	$ 0	$ 0		

Overhead Rate % (Describe in Notes):

Year 1 Total: $ 0

Year 1 Notes (Please include additional Forest Service contributions or contributions from other federal sources) (2000 characters including spaces):

* 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 STDP 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	$ 0	$ 0	$ 0		

Overhead Rate %:

Year 2 Total: $ 0

Year 2 Notes (Please include additional Forest Service contributions or contributions from other federal sources) (2000 characters including spaces):

Year 3 Budget Information (For a summary of total project costs, see page 1)

Fiscal Year (FY):

Budget Type	Budget	Requested STDP 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	$ 0	$ 0	$ 0		

Overhead Rate %:

Year 3 Total: $ 0

Year 3 Notes (Please include additional Forest Service contributions or contributions from other federal sources) (2000 characters including spaces):

Project Contacts (The Funding Coordinator is the individual who manages project funds. A single funding coordinator must be selected.)

FHP Sponsor

Name: _____ Title: _____

Institution: _____ Phone: _____

Email: _____ Time commitment: _____

Project Role: _____ Funding Coordinator: ☐

Principal Investigators

Name: _____ Title: _____

Institution: _____ Phone: _____

Email: _____ Time commitment: _____

Project Role: _____ Funding Coordinator: ☐

Name: _____ Title: _____

Institution: _____ Phone: _____

Email: _____ Time commitment: _____

Project Role: _____ Funding Coordinator: ☐

Name: _____ Title: _____

Institution: _____ Phone: _____

Email: _____ Time commitment: _____

Project Role: _____ Funding Coordinator: ☐

Cooperators

Name: _____ Title: _____

Institution: _____ Phone: _____

Email: _____ Time commitment: _____

Project Role: _____ Funding Coordinator: ☐

Name: _____ Title: _____

Institution: _____ Phone: _____

Email: _____ Time commitment: _____

Project Role: _____ Funding Coordinator: ☐

Name: _____ Title: _____

Institution: _____ Phone: _____

Email: _____ Time commitment: _____

Project Role: _____ Funding Coordinator: ☐

List additional documents being sent in support of the project. (e.g., spreadsheets, pictures, maps) (4000 characters including spaces):

Keywords (400 characters including spaces):