

# BIOLOGICAL CONTROL OF INVASIVE NATIVE AND NON-NATIVE PLANTS NEW PROJECT PROPOSAL

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

## Project Information

**Project Number:**      Program    Submission (FY)    Additional Project ID  
                                  **BCIP**    -    **2018**    -   

**Project Title:** \_\_\_\_\_

**Principle Investigator:** \_\_\_\_\_

## Proposed Budget Summary (This table is auto-generated from Budget Information sections)

Year 1 BCIP Total	Year 2 BCIP Total	Year 3 BCIP Total	Total BCIP Funds	Total Funds (All)

## Subject Description

**Target Invasive Plant:**

Common and Scientific Names:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Biological Control Agent(s):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## BCIP Priorities Addressed (check all that apply)

Developing improved rearing, host range testing, distribution and post-release monitoring techniques for a biological control agent.

Development and/or implementation of technologies for monitoring/assessing plant trends and quantitative assessment of biological control impacts.

Integrated weed management with a biological control component that is part of a methods technology development approach to determine efficacy and is not considered an operational treatment.

Development of biological control strategies through funding of pilot projects.



Define the project being developed (e.g., what is the technology, goal and objectives and who will maintain the tool if maintenance is necessary?) (250 words):

Provide background, justification, and urgency (e.g., Describe the management problem, impacts of the invasive plant, supportive research) (250 words):



Methods/Approach (750 words):

A large, empty rectangular box intended for writing the Methods/Approach section of the report.



Describe stakeholder involvement in development of the proposal and application of the new technology (e.g., How involved are managers in the project?) (150 words):

Describe technology assistance/transfer, outreach and the expected impacts to Forest Health/Forest Management (e.g., How will the technology be shared and how will it change current management?) (150 words):

Products/Publications/Technology Transfer (e.g., Provide timeline of expected project accomplishments) (150 words):



Citations:

[Empty rectangular box for citations]



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

Fiscal Year (FY):

Budget Type	Budget	Requested BCIP 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 (2000 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 BCIP 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 (2000 characters):



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

Fiscal Year (FY):

Budget Type	Budget	Requested BCIP 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 3 Total:

Year 3 Notes (2000 characters):



**Project Contacts** (a single Funding Coordinator must be selected)

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**FHP/BCIP Regional/Station/Area Contact**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Technical Monitor: \_\_\_\_\_

**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., curriculum vitae, letters from stakeholders, spreadsheets, etc.) (not more than one page):

Keywords (50 words):

