

BIOLOGICAL CONTROL OF INVASIVE FOREST PESTS NEW PROJECT PROPOSAL

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

Project Informatio	n * The Subm	nission (FY) refers to	the current federal Fisc	cal Year .	
Project Number:	Program	Admin Region	Submission (FY)*	Additional Project ID	Report Type New Proposal (NP)
Project Title:					
Principle Investigator	r:				
Has this proposal beer	submitted t	o another FHP Sp	ecial Project Program	? YES NO	
If yes, please list the Pr	ogram and F	Y the project was	submitted:		
Proposed Budget S	Summary	(this table is auto-ger	nerated from Budget Info	ormation sections)	
Year 1 BCIFP Total		BCIFP Total	Year 3 BCIFP Total	Total BCIFP Funds	Total Funds (All)
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Subject Descriptio Target Invasive Pest:	n		Biolo	gical Control Agent(s):	
Common and Scientifi	c Names:				
BCIFP Priorities Ad	dressed (c	heck all that apply)			
Developing impi	oved metho	ds for assessing/p	redicting the effectiv	reness of candidate biologic	cal control agents.
Development of impacts and age	-	_	or conducting post-r	elease monitoring/assessm	ents of biological control

Improved or novel utilization of biological control with other control technologies within integrated pest management.

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Development of novel biological control strategies through funding of pilot projects.

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ide backgroui acts of the inv	nd, justification, asive species, su	, and describe pupportive resea	oroject innovat irch, and any n	cion if applicable	(e.g., describe the	e management proble	em,

Methods/Approach (750 words including a timeline of activit	ies):
Are the personal permits ready and in place?	VEC NO
Are the necessary permits ready and in place?	YES NO

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users (e.g., how involved are land managers in the project?) (150 words):	ify end
Describe technology assistance/transfer, outreach, and the expected impacts to forest health/forest management (e the technology be shared and how will it change current management?) (150 words):	.g., how will
Products/Publications/Technology transfer (e.g., provide timeline of expected project accomplishments by agreeme (150 words):	nt closure)

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Citations:			

Fiscal Year (FY):	

Budget Type	Budget	Requested BCIFP 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					
Year 1 Notes (If the pr	oject is being supported by		Rate % (Describe in Notes): ces, please describe here) (2000 characters):	Year 1 Total:	

^{*} 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. USDA Forest Service salary and expense funds can be included as leveraged funds.

Year 2 Budget Information (for a summary of total project costs, see page 1)

Fiscal Year (FY):	
Budget Tvr)e

Budget Type	Budget	Requested BCIFP 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 %:		Van 2 Tatal	
Year 2 Notes (If the proj	ect is being supported by	y additional funding sour) (2000 characters):	Year 2 Total:	
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Fiscal Year (FY):						
Budget Type	Budget	Requested BCIFP 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 (If the p	roject is being supported by	additional funding sour	rces, please describe here) (2000 characters):	1	

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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:

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t additional documents being sent in support of the project. (e.g., curriculum vitae, supplementary info):					
vords (50 words):					
-					