**State of Maine**

**Department of Environmental Protection**

Division of Environmental Assessment, Invasive Aquatic Species Program

**2020 INVASIVE AQUATIC PLANT REMOVAL GRANT APPLICATION**

**RFP#201810212**

**Competitive Grant Program for Invasive Aquatic Plant Removal**

Maine Department of Environmental Protection (DEP) awards Cost Share Grants to lake organizations that conduct invasive aquatic plant control projects. Eligible organizations include municipal and county governments, quasi-municipal organizations and 501(c)(3)-eligible organizations.

Grants are awarded by DEP Invasive Aquatic Species Program’s priorities. First priority projects address incipient invasive plant infestations with potential for eradication. Second priority projects aim to reduce spread of invasive aquatic plants within and between waterbodies, i.e., invasive plant removal near boat access points and in areas with high boat traffic. DEP uses boat inspection data to assess risk of spread from specific waterbodies. Third priority projects support recurring maintenance projects.

Please note: OSHA commercial dive standards apply to operations that compensate SCUBA and/or Surface Supplied Air divers for plant control work (link: [OSHA Standards for Commercial Diving Operations](https://www.osha.gov/pls/oshaweb/owastand.display_standard_group?p_toc_level=1&p_part_number=1910#1910_Subpart_T)).

I. Eligible Activities

This grant is for invasive aquatic plant control projects on infested lakes, as follows:

* Manual plant control techniques such as placement of benthic barriers, plant removal by hand, and plant removal by hand with suction dredge (i.e., Diver Assisted Suction Harvest or DASH).
* Plant surveys directly related to removal efforts, i.e., surveying infested areas prior to and/or after removal if needed to focus removal efforts or monitor efficacy.
* Surface support directly related to the removal operation. The application must show how these expenses are integral to the removal operation.
* Other expenses directly related to invasive aquatic plant removal.

II. Selection Criteria and Scoring (Maximum Score 100)

Maine DEP reviews and scores each application using the following criteria. The final award is based on the amount of funding requested, the application’s score and available funds. Projects requesting higher funding amounts need high application scores to be eligible for full funding, so be detailed in describing the project. The final award amount is determined by available funds. If available funding is less than the total of all awards, each final award amount will be reduced.

***Project Purpose and Scope (45 points)***

The project purpose should provide a description of the overall work that will be done. It should identify the invasive species targeted, its extent and how it threatens public access, recreational uses or ecological integrity of the water body. The control activities outlined should utilize proven and effective methods, indicate the likelihood of success and include a plan for monitoring effectiveness of removal efforts. Reviewers consider feasibility of project success, the potential for achieving long-term reduction of the infestation and the clarity in explanation of grant expenditures. Please provide as much detail as possible in describing your project. The Department prefers projects that provide multi-year planning and demonstrate how each year builds off the progress of previous work. While we encourage multi-year planning, funding requested in this application should be for work in 2020 only.

***Local Support and Funding (20 points)***

Applicants must bring their own resources to the project in the form of cash and in-kind support (volunteer services or donations of goods and services). A minimum 20% cash match is required for each grant application proposal. The Department prefers projects that maximize local match and demonstrate strong community support for invasive aquatic species prevention and control. This section of the application should detail all aspects of local support and funding. Support letters are encouraged but not required.

***Plant Survey (10 points)***

Annual surveying is an important element of any successful plant removal program. Plant surveys are essential to monitoring progress of a project. Applicants must have completed at least a Level 2 plant survey per the Lake Stewards of Maine (LSM) Invasive Aquatic Plant Screening Survey Procedures (link: [LSM Level 2 Survey](http://www.mainevlmp.org/wp-content/uploads/2014/06/IAP-Mapping-Survey-Instructions-2014.pdf)). A Level 2 survey covers boat ramps, areas of concentrated boat traffic and shallow, sheltered coves. Grant funds support only plant surveys needed to direct plant removal efforts or assess efficacy of removal.

***Training, Experience and Track Record (25 points)***

Application proposals demonstrating trained and experienced staff and volunteers are given additional consideration by reviewers. The application should explain whether specific elements of your program are locally developed and maintained or contracted to another entity. Please be specific and detailed in describing your program. Include details such as number of boats and crew, contingency plans for equipment failure, the length of time the program has operated, tenure of current staff and manager or contractor on the project. DEP also considers the applicant’s performance under past cost share grants, if applicable, when reviewing the current application.

III. Requirements, payment, and reporting deadlines

Requirements:

* Minimum 20% cash match.
* A current PBR (Permit-by-Rule) for manual control of invasive aquatic plants. Contact DEP ([milfoil@maine.gov](mailto:milfoil@maine.gov)) if you don’t know if you have a current PBR.
* VLMP manual removal training is required for individuals engaged in plant removal supported by grants funds.
* To the extent applicable, your operation is responsible for compliance with OSHA commercial diving standards if you receive a Maine DEP plant control grant and pay SCUBA and/or Surface Supported Air divers.

Deadlines, payments, reporting:

* Grant applications in 2020 must be received at State of Maine Division of Procurement Services by 4:00 p.m. February 3, 2020. Please carefully read submission requirements in the RFP.
* Grant awards in 2020 will be made by March 13, 2020 after which DEP will develop contract for services for each successful Applicant.
* Seventy-five percent of grant amount is paid after the contract is signed and encumbered.
* An interim report must be submitted by August 7, 2020. DEP will send the interim report format to successful Applicants.
* The final twenty-five percent is paid upon receipt and approval of the final report. This payment is forfeited if the final report is not submitted by November 6, 2020. DEP will send the final report format to successful Applicants.

To Apply

The completed application must be submitted electronically to State of Maine Division of Procurement Services by 4:00 pm, local time, on February 3, 2020 see the RFP for details. **Applications not received at the Division of Procurement Services by the aforementioned deadline will not be considered for contract award. If funding remains after the initial granting period, the Department will consider additional qualified applications.**

**Contents required for all application packets**:

* Invasive Aquatic Plant Removal Cost Share Application (**Attachment 1**of the RFP). Instructions follow the application form.
* Lake map showing infestations to be managed.
* State of Maine RFP Appendix A

**Submit application electronically to** Division of Procurement Services: [Proposals@maine.gov](mailto:Proposals@maine.gov)

| 2020 Invasive Aquatic Plant Removal Grant Application  Submit electronically by 4:00 p.m. February 3, 2020 to: State of Maine Division of Procurement Services at the following email inbox: [Proposals@maine.gov](mailto:Proposals@maine.gov).  See RFP # 201810212 for details of submission | |
| --- | --- |
| PART I: Applicant Information | |
| Organization Name: ME Vendor Code: VC | |
| Chief Executive – Name/Title: | |
| Email: | Tel: |
| Organization Vendor Code Street Address: | |
| Organization City/State/Zip: | |
| ***Provide information below if different from above*** | |
| Lead Point of Contact for Application – Name/Title: | |
| Email: | Tel: |
| Point of Contact Street Address: | |
| Point of Contact City/State/Zip: | |

**OSHA compliant if applicable. \_\_YES\_\_\_\_NO\_\_\_N/A \_\_\_\_\_In Progress (explain)**

* This application and the pricing structure contained herein will remain firm for a period of 180 days from the date and time of the bid opening.
* No personnel currently employed by the Department or any other State agency participated, either directly or indirectly, in any activities relating to the preparation of the Applicant’s application proposal.
* No attempt has been made, or will be made, by the Applicant to induce any other person or firm to submit or not to submit an application proposal.
* The above-named organization is the legal entity entering into the resulting agreement with the Department should they be awarded the contract.
* The undersigned is authorized to enter into contractual obligations on behalf of the above-named organization.

*To the best of my knowledge, all information provided in the enclosed application proposal, both programmatic and financial, is complete and accurate at the time of submission.*

|  |  |
| --- | --- |
| **Name (Print):** | **Title:** |
| **Authorized Signature:** | **Date:** |

PART II: WaterBody Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Waterbody Name: | | | | |
| Midas # | Lake Maps Included: YES NO | | Invasive Plant: | |
| Town(s) containing shoreline | | | | |
| Public Access (check all that apply) | | State Municipal Private None | | |
| Number of Public Access Points | | | | |
| Total Acreage of Waterbody: | | | | |
| CBI Coverage: YES NO (if no why) | | | | (If Yes) How long? |
| Name Inlets/outlets: | | | | |

PART III: Invasive Aquatic Plant management PROGRAM

See Selection Criteria and Scoring above for elements to consider as you complete the management program below.

1. **Project Purpose and Scope**

Scope of Work –Describe the aquatic invasive species targeted and how it threatens public access, recreational uses or the ecological integrity of the waterbody. Please provide a description of the overall work proposed including a plan for monitoring effectiveness.

Description of Infestation by site: In the space below, please provide a description of the infestation and management goal for each site. Please provide a map of the proposed project area indicating treatment area.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Plant Location/Map | Aquatic Plant Inventory  Mixed with natives, monoculture invasive | Plant Density   * Heavy * Moderate * Sparse mixed with natives | Priority for removal:   * High * Medium * Low | Uses affected – Boating, fishing, launches, swimming, campgrounds, Others | Desired Condition   * Return to natural(previous) conditions * Maintain current status * Prevent the spread to other waterbodies or in lake * Keep boat traffic clear * Others |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Strategy and Timeline – In the space below, please indicate management or control action(s) and timeline proposed by site. Order the sites from higher to lower priority.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Site | Who | Control Method | Needed resources | When |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Local Support and Funding** Please describe local support and funding for this project that is detailed in the budget table below. If this is an established infestation requiring recurring management, how will the project be sustained over time?
2. **Plant Survey** Please describe the survey efforts related to spread prevention and project monitoring.
3. **Training, Experience and Track Record**

Is your overall program locally run and maintained or contracted? Please be specific and detailed in describing your program. Include details number of boats and crew, the length of time the program has operated, tenure of current staff, manager or contractor on the project.

1. **Control Strategy and Timeline by Site for 2021.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Site | Priority for Removal | Plant Density | Who | Control Method | Needed resources | When |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 1. Actual Cash Expenses: List paid staff hours, rate, and total costs by category (e.g. divers). Staff with identical duties and hourly rate should be grouped together. List ALL cash expended for your total project whether from the DEP grant or other sources (e.g., cash match).** | | | | | | |
|  |  |  | **Column A** | **Column B** | **Column C** | **Match source (Town, Private, Association, etc.)** |
| **Expenses: divers, boat captain, surface support, other goods and services.** | **Total # hours** | **Hourly Rate**  **($50 per Hr. Max Diver Rate)** | **Total Costs** | **Grant $ (Total Costs Covered by Grant)** | **Cash Match: Columns A - B = Cash Match** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **TOTAL CASH EXPENSES** |  |  |  |  |  |  |

PART IV: ESTIMATED COST INFORMATION:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 2. Volunteer time and In-Kind Donations: group volunteer duties by category, e.g., divers, boat captain, surface support. Specify Other, e.g., outboard service, storage, barrier cleaning, donation of collection bags, etc.** | | | | | |
|  | **Column A** | **Column B** | **Column C** | **Column D** | **Match Source (Town, Association, Private, Other Donation)** |
| **Volunteer Categories: Divers = $50/hour; other volunteers = $23.12/hour** | **Number of Volunteers** | **Number of Hours** | **Volunteer Match (Column B $50 diver or volunteer rate $23.12)** | **Non-cash donations of goods and services** |
| **Diver(s)** |  |  |  |  |  |
| **Boat Captain(s)** |  |  |  |  |  |
| **Surface Support** |  |  |  |  |  |
| **Other (specify):** |  |  |  |  |  |
| **Other (specify):** |  |  |  |  |  |
| **Other (specify):** |  |  |  |  |  |
| **TOTALS** |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 3 Project Financial Summary** | | | |
| **Total Grant Request**  **(Table 1, Column B)** | **Total Cash Match**  **(Table 1, Column C)** | **Total Volunteer and In-Kind Match (Table 2, Column C+D)** | **Total Project**  **Cost** |
|  |  |  |  |