

**APPLICATION FOR  
FY2019 COMPETITIVE WEED AND PEST GRANT**

**PART I. Applicant/Project Identification**

**ID. NO.: WP-\_\_\_\_\_**

**1. APPLICANT:**

\_\_\_\_\_  
Legal Name:

\_\_\_\_\_  
Organizational Unit:

\_\_\_\_\_  
Address ( city, state, and zip code )

**2. NAME AND TELEPHONE NUMBER OF THE CONTACT PERSON:**

**3. DESCRIPTIVE PROJECT TITLE:**

**4. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):**

**5. PROJECT PERIOD:**    STARTING DATE: 4-1-2018                      ENDING DATE: 3-31-2019

**6. REMARKS:**

**7. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA AND INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT.  
THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT.**

**TYPED NAME OF APPLICANT** \_\_\_\_\_

(County Weed & Pest Board Chairman or Head of Organizational Unit)

**TITLE OF APPLICANT** \_\_\_\_\_

**SIGNATURE OF APPLICANT** \_\_\_\_\_

**DATE SIGNED** \_\_\_\_\_

**1.) OBJECTIVES TO BE ACCOMPLISHED.**

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**2.) DESCRIPTION OF PROJECT (NARRATIVE)**

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**3.) WORK PLAN:**

**ACTIVITY**

**RESPONSIBLE PERSON**

**DATES**

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1) BUDGET CATEGORIES

Categories	State Weed & Pest Fund	Applicant	Other	Program Income	Total
<u>Personnel</u>					
<u>Fringe Benefits</u>					
<u>Travel</u>					
<u>Equipment</u>					
<u>Equipment Use</u>					
<u>Supplies</u>					
<u>Contractual</u>					
<u>Construction</u>					
<u>Other</u>					
<u>Totals</u>					