



Florida Department of Agriculture and Consumer Services
Division of Plant Industry

ADAM H. PUTNAM
COMMISSIONER

**ENDANGERED AND THREATENED NATIVE FLORA CONSERVATION
GRANTS APPLICATION**

Section 581.185(11), F.S. / Incorporated In Rule 5B-40.010, F.A.C.

P.O. Box 147100/1911 S.W. 34th Street Gainesville, Florida 32614-7100
Phone: (352) 395-4700/Fax: (352) 395-4619

GUIDELINES

Project applications should be prepared only after reading the enclosed instructions and the related rules for the program. Applicants should provide a response for each question. All responses must be typed and confined to the spaces provided, except as advised otherwise. Each application submitted must be complete (including required attachments) and postmarked by the established deadline.

An application package consists of one original and ten complete copies of the original application. Please staple the applications in the upper left hand corner. **NO BINDERS OR FOLDERS PLEASE.**

MAIL COMPLETED APPLICATIONS TO:

Endangered and Threatened Plant Conservation Grants Program
Division of Plant Industry
Florida Department of Agriculture and Consumer Services
1911 S.W. 34th Street
Gainesville, FL 32614-7100

IF YOU HAVE ANY QUESTIONS, PLEASE CALL:

Bryan K. Benson
Phone: (352) 395-4700 Fax: (352) 395-4619

APPLICATION FORM

I. APPLICANT INFORMATION:

APPLICANT: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

APPLICANT'S FEDERAL EMPLOYER ID. NO: _____

CONTACT PERSON: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

II. PROJECT INFORMATION:

A.) PROJECT TITLE: _____

B.) ACTIVITIES FOR WHICH FUNDS ARE REQUESTED - PLEASE CHECK AS APPROPRIATE:

The project for which funds are requested includes:

- A). Activities which provide recognition of those native flora to the state that are endangered and threatened.
- B). Activities that encourage the protection, curation, propagation, reintroduction and monitoring of native flora that are identified as endangered or threatened.
- C). Implements activities to address both A. and B. above.
- D). OTHER

AMOUNT REQUESTED: \$ _____ DOCUMENTED MATCH: \$ _____

III. CRITERIA RELATED TO THE PROJECT:

A.) Overview of Project - In the space provided below, provide an overview of project for which funds are requested.

SAMPLE

B.) Project Workplan - Please indicate the major components of the project and

timelines for activities:

Timeline: Month	1	2	3	4	5	6	7	8	9	10	11	12
Major Elements:												
1.	_____											
2.	_____											
3.	_____											
4.	_____											
5.	_____											
6.	_____											
7.	_____											
8.	_____											

C.) Project Budget

Please provide a listing of the items for which funds will be expended during the grant period. Please list any local matching funds budgeted for each item listed.

<u>BUDGET ITEMS</u>	<u>GRANT FUNDS</u>	<u>LOCAL MATCH</u>	<u>SUB-TOTAL</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTALS	_____	_____	_____

IV. CRITERIA RELATING TO THE APPLICANT

PLEASE PROVIDE NARRATIVE AND DOCUMENTATION IN EACH OF THE FOLLOWING AREAS:

(Limit responses to no more than one page per criteria. Please label each response as listed below. Insert the responses into the application packet in the order that they appear in this section).

- A.) Conservation Experience** - Describe the applicant's existing conservation experience with endangered and threatened native flora.
- B.) Facilities** - Describe the facilities currently utilized by the applicant for endangered and threatened native flora programs.
- C.) Existing Programs** - Describe the existing programs administered by the applicant that protect, conserve, propagate, reintroduce, and monitor native flora of Florida.
- D.) Accessibility to Records** - Describe the existing record keeping and documentation that the applicant makes accessible to any national database of endangered and threatened plants.
- E.) Staff Experience** - Document the experience that the applicant's staff has with native plant conservation. Provide a listing of the academic credentials and/or experience of the staff associated with the applicant's endangered plant programs.
- F.) Collaboration** - Document the applicant's collaboration with related state, national, or international conservation programs.
- G.) Propagation and Reintroduction** - Document the applicant's success in propagating and reintroducing endangered and threatened native flora.
- H.) Public Exhibits Programs** - Describe and document the applicants experience with any public exhibit programs publicizing the conservation of native species and the importance of the conservation effort.
- I.) Match funding.** - List the sources and amounts of confirmed matching funds. (For items involving personnel, indicate the % of time that each position is contributing to the project along with respective salary and benefits.)
- J.) Fiscal Stability** - Please complete the following summarized budget information to

give a financial overview of the applicant and provide as an attachment the most recently completed financial audit complete by a certified public accountant. (See notation section.)

	Fiscal Year	Fiscal Year
	_____	_____
A. OPERATING EXPENSES	_____	_____
B. OPERATING INCOME	_____	_____
C. TOTAL ENDOWMENT	_____	_____

Notations: In the space below, please provide page references relating the above figures to the corresponding figures in the attached audit. (Please highlight the corresponding figures in the audit with a yellow marker). If no corresponding figures are provided in the audit to match the figures presented above, please provide an explanation.

V.) CRITERIA RELATING TO PUBLIC PURPOSE OF THE PROJECT.

A.) **Recognition of Native Flora** - Describe in the space provided how the project will provide recognition of native flora that are endangered and threatened.

B.) **Propagation and Reintroduction** - Describe in the space provided how the project will encourage, within a controlled program, the protection, curation, propagation, reintroduction and monitoring of native flora that are identified as endangered or threatened.

VI.) ELIGIBILITY REQUIREMENTS

THE FOLLOWING DOCUMENTS ARE REQUIRED TO ESTABLISH ELIGIBILITY FOR THE PROGRAM.

- A. A copy of the letter designating the applicant as a not-for-profit corporation pursuant to 26 U.S.C. §501(c) (3).
- B. Documentation that the applicant is allowed to receive contributions pursuant to the provisions of 26 U.S.C. §170.
- C. Documentation that the applicant is a not for profit incorporated pursuant to Chapter 617, Florida Statutes.
- D. A copy of the most recent financial audit completed by an independent certified public accountant.

VII.) OPTIONAL DOCUMENTATION

THE FOLLOWING MATERIALS ARE OPTIONAL. MATERIALS SUBMITTED MAY BE HELPFUL IN PROVIDING DOCUMENTATION AND SUPPORT FOR THE APPLICATION.

- A. Support letters from organizations, local officials, state legislators that indicate support and/or document knowledge of the applicants work with endangered and threatened native flora.
- B. Support material documenting existing program, facilities, etc., relating to the applicants work in the area of endangered and threatened native flora.

VIII.) Application Certifications

This certification must be signed by the duly authorized representative of the applicant organization before the application will be considered for funding assistance.

A.) AUTHORIZING OFFICIAL

I certify I am the duly authorized representative of the applicant organization and that the information contained in this application, including all attachments and support material, is true and correct to the best of my knowledge, and that the organization will abide by all legal, financial, and reporting requirements for all grants received pursuant to this application.

Authorizing Official _____

Organization _____ Title _____

Signature _____ Date _____

B.) CHIEF FISCAL OFFICER

I certify that the information contained in this application, including all financial information presented in the application, including matching funds and operating budgets, is true and correct to the best of my knowledge, and that I am the Chief Fiscal Officer of the applicant organization.

Chief Fiscal Officer _____

Signature _____ Date _____

C.) CONTACT PERSON

I certify I am the contact person for the applicant organization and that the information contained in this application, including all attachments and support material, is true and correct to the best of my knowledge, and that the organization will abide by all legal, financial, and reporting requirements for all grants received pursuant to this application.

Contact Person _____

Title _____

Signature _____ Date _____