



**AQUATIC VEGETATION MANAGEMENT PROJECT APPLICATION
LAKE AND RIVER ENHANCEMENT (LARE) PROGRAM**

State Form 54522 (R4 / 7-19)
INDIANA DEPARTMENT OF NATURAL RESOURCES, DIVISION OF FISH & WILDLIFE

Application deadline is January 15th of the year in which grant is awarded.

ACTIVITIES RELATED TO AQUATIC VEGETATION MANAGEMENT FOR LAKES	
I. APPLICANT INFORMATION	
A. Project sponsor (<i>applicant</i>):	
Name of Sponsor Organization:	
Address (<i>number and street</i>):	
City, State, and ZIP Code:	
Telephone:	
E-mail address:	
Person completing application:	
Name:	
Title:	
Telephone (<i>if different</i>):	
E-mail address (<i>if different</i>):	
Is the project sponsor registered as a vendor with the state of Indiana? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the project sponsor registered as a bidder with the state of Indiana? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Project sponsor must be registered as both a vendor and a bidder to be eligible to receive LARE grants.	
B. Daily contact for the project (<i>if different from person completing the application</i>) will be:	
Name:	
Title:	
Telephone (<i>if different</i>):	
E-mail address (<i>if different</i>):	
C. Briefly describe the past and present activities of the sponsor organization.	
D. Describe the legal status of the sponsor organization, i.e., indicate what the sponsor has done to acquire official standing. State when the organization was established. List current officers' / officials' names.	
E. If the sponsor organization is a property owners or lake association, what percentage of the affected lake's residents are members of the group?	
F. Are there other organizations also representing residents of the affected lake? What relationship do those organizations have with the sponsor / applicant on matters related to this proposed project?	

G. Briefly describe the financial resources available to the sponsor organization (e.g. dues, contributions, fund drives, taxes, etc.).

II. LAKE / WATERSHED INFORMATION

A. Lake(s) name(s):

B. County or Counties:

C. Lake size(s) (acres):

D. Watershed (drainage basin) size (acres), (if known):

E. 12 digit Hydrologic Unit Code (HUC)

F. Describe how the general public can gain access to the lake(s) (i.e., the number and types of access sites, their location, ownership, and any fees charged).

III. PROJECT INFORMATION

A. For what specific purpose or need is funding being sought?

Development of a new or updated Aquatic Vegetation Management Plan (AVMP)?

Management (treatment) of aquatic vegetation?

Other? (Explain.)

B. Describe any studies or restoration measures that have been completed for the lake / watershed.

C. Complete the table below as well as describe here or on an attached sheet the activities for which funding is requested (include maps of treatment areas, include average depth of treatment areas, indicate whole-lake or spot treatment, indicate priority species if only one can be funded; as well as other support materials, as applicable).

Species	Total Acreage Including Channels	Channel Only Acreage	Chemical Name	Treatment Cost

D. What is the total estimated cost of the project? \$

In addition to the overall project cost estimate, provide an itemized, detailed project budget by inserting it here or attaching as a separate page:

Itemized by specific expenses:

Planning and Surveys (AVMP or update): \$

Herbicide treatment costs: \$

Other (revegetation, ecozones, etc): \$

Anticipated cost-share to be contributed by sponsor (\$ or %):
What was the basis for the estimate (e.g., diagnostic or feasibility study, preliminary estimate by consultant, formal bidding, etc.)?
E. If a LARE grant were awarded for herbicide treatment, when would the effort realistically be expected to begin (e.g., early-season treatment, prior to June 1st, etc.)?
F. Indicate how the sponsor will oversee the contractor's work and participate in the effort.
This application for Lake and River Enhancement program assistance is hereby submitted as authorized by the sponsoring organization.
Sponsor organization:
Printed name of representative:
Signature of representative: <i>(Note: Please insert the initials of the representative in this box to constitute the electronic signature on your organization's application.)</i>
Date (month, day, year):

INSTRUCTIONS: This application should be completed electronically.
To submit, choose "save as", assign a file name with your organization's name, and then choose "save."
E-mail the resulting file to: lare@dnr.IN.gov

If you have questions contact:
 Lake and River Enhancement Program
 Division of Fish and Wildlife
 Indiana Department of Natural Resources
 402 W. Washington Street, Room W273
 Indianapolis, IN 46204

Telephone: 317-233-1484
 Fax: 317-232-8150

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