

APPLICATION FOR FY2027 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: 4-1-2026 ENDING DATE: 3-31-2027

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.

2.) DESCRIPTION OF PROJECT (NARRATIVE)

3.) WORK PLAN:

ACTIVITY	RESPONSIBLE PERSON	DATES
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1) BUDGET CATEGORIES

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