

2023 APPLICATION GUIDE

Oakland County Invasive Spongy Moth Suppression Grant Program

Program Overview

To help suppress and mitigate the spread of spongy moth (*Lymantria dispar*) and their negative impacts on the environment, the Oakland County Board of Commissioners passed a resolution to appropriate funds to renew the Invasive Spongy Moth Suppression Grant Program. The grant is administered in partnership with MSU Extension (MSUE) and will provide funding to cities, villages and townships in Oakland County to support their efforts in mitigating the impacts of this invasive species.

Spongy moth, formerly known as gypsy moth, can be an annoying pest in residential, urban and rural areas as well as forests. *Spongy moth* caterpillars, in the immature larval stage, feed on the leaves of more than 300 species of trees. This invasive pest, which is native to Europe, can heavily or even completely defoliate a tree. They especially like oaks, but many other trees are also good hosts.

Key Dates

Grant Application is due on or before November 4, 2022 at 4:00 p.m.

Certified Resolution is due on or before November 30, 2022

Treatment Area Maps are due on or before February 17, 2023

Cost Participation Agreement Deadline on or before April 15, 2023

Treatment Deadline on or before June 11, 2023

Final Report Deadline on or before June 30, 2023

*Submissions outside timeframes will be reviewed for consideration if County matching funds are still available.

Questions? Contact:

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Updated on 10/10/2022

Grant Funding Criteria & Eligibility

Limited matching funds will be distributed as reimbursement for costs expended among qualifying Oakland County Communities with approved Oakland County FY2023 Invasive Spongy Moth Suppression Program Applications. Funding shall be utilized for staff/volunteers to attend MSUE training, egg mass survey field work, treatment area mapping, and treatment activities directly related to spongy moth suppression.

FUNDING SOURCES

| Oakland County Board of Commissioners | \$120,000 |
|---------------------------------------|--------------------------|
| Participating Communities | 1 to 1 Match Requirement |

GRANT APPLICATION

All Oakland County cities, villages and townships are eligible to participate in the program. A link to an online application will be provided to communities via email in early October (anticipated).

Participating communities are required to provide a 1 to 1 match of their awarded grant amount.

County funds cannot exceed \$30,000 per community.

Applications are due on or before November 4, 2022, at 4:00 p.m.

MATCHING FUNDS

Applicant match sources may include:

- 1. **General Funds or Local Restricted Funds:** Local cash or budgeted funding from the applicant's general fund or restricted recreation funds.
- 2. **Force Account Labor:** The applicant's paid employees who will work directly on the project. This value cannot include administration or supervision for the project. Mileage will be valued at current standard mileage rate for business travel as determined by the IRS.
- 3. **Volunteer Labor:** Labor directly related to the project from sources other than the applicant's own paid labor. Volunteer labor will be valued at minimum wage. Mileage will be valued at current standard mileage rate for business travel as determined by the IRS.

COST PARTICIPATION AGREEMENT

- Participating communities will be required to execute a Cost Participation Agreement.
- The Cost Participation Agreement will be sent to the authorized community official after the application has been reviewed and approved by Oakland County and treatment area mapping (both mechanical and aerial spray treatment methods) and aerial spray treatment acreage have been finalized.
- The County will provide a link to the authorized community official to review and electronically sign the agreement.
- The Cost Participation Agreement must be received by the County on or before April 15, 2023.

ELIGIBLE EXPENSES

Egg Mass Survey Field Work

If a community seeks funding for Egg Mass Survey Field Work, then:

- 1. The Community may contract with a professional survey vendor and the following conditions apply:
 - a) The Community may select from either the County's pre-qualified vendor* or their own selected vendor to perform the egg mass survey, analysis, mapping and assessment.
 - b) If the Community contracts with their own selected vendor, a professional certification is required (i.e., ISA-Certified Arborist or Professional Forester).
 - c) Surveys are to include spongy moth egg mass count, analysis, treatment recommendations, treatment area mapping (if applicable), and a final survey assessment document.
 - d) The Community will be required to contract directly with the professional survey vendor and pay all invoices in full.
 - e) Maps of all areas designated for treatment (both mechanical and aerial spray methods) shall be provided to the County on or before February 17, 2023.
 - f) County's matching funds shall not exceed ten thousand dollars (\$10,000) for Egg Mass Survey Field Work.

OR

- 2. The Community may use designated staff/volunteers and the following conditions apply:
 - a) Designated staff and/or volunteers are required to attend a training session** held by MSUE.
 - b) Designated staff and/or volunteers conduct egg mass survey field work and prepare treatment area maps.
 - c) Surveys are to include spongy moth egg mass count.
 - d) Maps of all areas designated for treatment (both mechanical and aerial spray methods) shall be provided to the County on or before February 17, 2023.
 - e) County's matching funds shall not exceed two thousand five hundred dollars (\$2,500) for Designated staff and/or volunteers to conduct Egg Mass Survey Field Work.

The Community shall be reimbursed for the cost of Egg Mass Survey Field Work contingent upon:

- 1. Completing treatment using approved methods. Or
- 2. It has been determined by a professional survey vendor or MSUE that treatment is not warranted.

Spongy Moth Treatment

If a community seeks funding for spongy moth treatment, then the County's matching funds will only cover costs directly related to spongy moth suppression for spring 2023 treatment.

If the Community uses the aerial spraying method to treat approved sites, then:

- 1. The Community may select from either Oakland County's pre-qualified vendor* or their own selected vendor to perform the treatment.
- 2. Regardless of the vendor, County grant funds will be reimbursed to Community at the lowest per acre rate among the vendors.
- 3. The Community will be required to contract directly with the treatment vendor of their choice and pay all invoices in full.
- 4. Treatment must occur on or after the execution date of the cost participation agreement.

* If the community is interested in using the County's pre-qualified vendor, please contact Ryan Dividock at (248) 858-4071.

** For training dates and times, please visit the Oakland County 2023 Invasive Spongy Moth Suppression Program website at: https://www.oakgov.com/boc/Programs/environmental/Pages/Moth-Suppression-Program.aspx.

If the Community uses approved mechanical treatment methods, then the County's matching funds will only cover costs for:

- 1. The purchase of materials for sticky bands, burlap tree bands, ground spraying, egg mass scraping.
- 2. The Community may select from either their own selected vendor or use staff/volunteers to perform the treatment.
- 3. If the Community chooses to use their own selected vendor for treatment, the Community will be required to contract directly with the treatment vendor and pay all invoices in full.
- 4. Treatment must occur on or after the execution date of the cost participation agreement.

NON-ELIGIBLE EXPENSES

• Administration or supervision expenses will not count toward the match.

GRANT APPLICATION REVIEW CRITERIA

Grant applications will be reviewed based on the following criteria:

- Clarity and completeness of the application
- Demonstration that the Community's Project meets the goals and requirements of the Oakland County Invasive Spongy Moth Suppression Grant Program
- Funding will be awarded on a first-come, first-served basis

FINAL REPORT FOR REIMBURSEMENT FUNDS

CVTs will be required to submit a final online report to the County after the completion of the Project describing in detail with supporting documentation, including, but not limited to, narratives, maps, and paid invoices to sufficiently evidence that the Project was completed in accordance with the Program Policies and is consistent with the Community's Application.

The County will provide a link to an online form that CVTs will use to submit the final report and documentation.

Grant monies not used during the grant period will be forfeited and allocated funds will be returned to the grant fund.

The final report with documentation must be received by the County on or before June 30, 2023, in order for the County to disburse reimbursement funds.

The 2023 Oakland County Invasive Spongy Moth Suppression Grant Program will be administered by the Oakland County Board of Commissioners in partnership with MSU Extension. This program is intended to treat and suppress the detrimental impacts of spongy moth (*Lymantria dispar*), formerly known as gypsy moth.

Sample Community Resolution

WHEREAS the Oakland County Board of Commissioners has renewed the Oakland County FY2023 Invasive Spongy Moth Suppression Grant Program (the "Program") for cities, villages and townships in Oakland County; and

WHEREAS the Program seeks to assist cities, villages and townships in Oakland County by providing limited matching funds to support their efforts in mitigating the impacts of this invasive species; and

WHEREAS the ______ (Community) (the "Community") wishes to submit an application to the Oakland County FY2023 Invasive Spongy Moth Suppression Grant for a total project cost not to exceed \$XXXX; and

WHEREAS the Grant Program requires a local 1 to 1 match of the requested grant amount (County reimbursement funds not to exceed \$30,000 per community); and

WHEREAS the Grant Program requires that _____(Community) certify compliance with all Grant Program requirements.

NOW THEREFORE BE IT RESOLVED the <u>CVT Council/Board</u> hereby approves the completion and submission of the Oakland County FY2023 Invasive Spongy Moth Suppression Grant Application to seek funding through the Program for a total project cost not to exceed \$XXXX.

BE IT FURTHER RESOLVED that _____(Community) shall make a local match through financial commitment in cash, force account or volunteer labor directly related to the project not to exceed \$XXXX.

BE IT FURTHER RESOLVED if the Application is approved by Oakland County, the Community's participation in the Program and the appropriation and expenditure of funds necessary or appropriate to fund its obligations under the Program as set forth in the Cost Participation Agreement.

BE IT FURTHER RESOLVED that _____(Community) will comply with the Program's requirements, including submittal of a final report and other documentation as required by the County, as a condition to receiving reimbursement in accordance with the Program.

BE IT FURTHER RESOLVED that _____ (Name and Title of Person) will be authorized to sign all grant-related documents on behalf of ______ (community) and take any other action necessary or appropriate on the Community's behalf to participate in the Program.

| AYES: | | |
|--------------------------------------|---|--------|
| NAYES: | | |
| ABSENT: | | |
| MOTION APPROVED. | | |
| I HEREBY CERTIFY, that the foregoing | is a Resolution duly made and passed by | |
| of | at their regular meeting held on, 2 | 20, at |
| a.m./p.m., with a quorum prese | nt. | |

Clerk

Oakland County Invasive Spongy Moth

Suppression Grant Program

Sample Force Account/Volunteer Match

| Force Account | |
|-----------------|--|
| Volunteer Labor | |

| Name of City, Village or Township | | Contraction of the second | |
|-----------------------------------|-------|---------------------------|--|
| Designated Staff/Volunteer Name | | | |
| Email Address | Phone | | |
| Mailing Address | | | |
| City | State | ZIP Code | |
| Hourly Rate | | | |

| MSUE Training | |
|---------------|--|
| Date | |
| Address | |
| Hours | |

| Field Survey Work | | |
|-------------------|---------------------|-------|
| Date | Address/Description | Hours |
| | | |
| | | |
| | | |
| | | |

| Mileage | | | |
|---------|-----------|---------|----------------|
| Date | From City | To City | Miles Traveled |
| | | | |
| | | | |
| | | | |
| | | | |

| Map Preparation | |
|-----------------|--|
| Date | |
| Hours | |

TOTAL HOURS x (hourly rate) =

| I certify that the information, dates, | hours, miles provided above are true and accurate | ₽. |
|--|---|------|
| Staff/Volunteer Signature | | Date |

Authorized Community Official Signature _____ Date _____