

NH LAKES 2010 Lake Host™ Program – Payroll Grant Application

(Complete this application and email to lakehost@nhlakes.org or snail mail to NH LAKES, 84 Silk Farm Road, Concord, NH 03301)

NAME OF ORGANIZATION:

CONTACT PERSON INFORMATION:

Person completing form:

Your Permanent mailing address:

City: State: Zip:

Telephone:

Email address (*An email address is mandatory.*):

Your summer address:

City: State: Zip:

Telephone:

Email address (if different in summer):

Date(s) you will be at your summer address:

Your title:

POINT PERSON/MANAGING LAKE HOST INFORMATION:

Are you also the Point Person/Managing Lake Host?:

If “no”, name of Point Person/Managing Lake Host:

(You must name the Point Person/Managing Lake Host.)

Point Person’s/Managing Lake Host’s Permanent mailing address:

City: State: Zip:

Point Person’s/Managing Lake Host’s telephone # :

Point Person’s/Managing Lake Host’s email address:

(An email address is mandatory.)

Point Person’s/Managing Lake Host’s summer mailing address:

City: State: Zip:

Point Person’s/Managing Lake Host’s summer telephone #:

Point Person’s/Managing Lake Host’s email address (if different from email above):

Date(s) Point Person will be at his/her summer address:

LAKE/POND INFORMATION:

1. Name of lake or pond:
2. Size (acres), if known:
3. Have one or more exotic aquatic plants been positively identified in your lake/pond?:

If "yes": What species?:

Approximate size of infestation (acres):

If "no": How close is the nearest water body with an exotic species?:

What is the name of the waterbody?:

RAMP INFORMATION:

1. Number of public motorized boat launch sites on the waterbody:
2. How many public motorized boat launch sites do you propose to staff with Lake Hosts?:

List the local name(s) **AND** location of ramp(s) **AND** owner's of ramps to be staffed:

Ramp 1:

(Local Name)

(Location)

(Ramp Owner)

Ramp 2:

(Local Name)

(Location)

(Ramp Owner)

Ramp 3:

(Local Name)

(Location)

(Ramp Owner)

4. If your group is proposing to staff a town-owned ramp, do you have permission?:
(NH LAKES provides certificate of liability insurance upon request.)

5. Include specific directions to the ramp(s) from the nearest major road below:

Ramp 1:

Ramp 2:

Ramp 3:

6. Approximate number of courtesy boat inspections to be conducted at each ramps(s) on a summer weekend:

Ramp 1:

(Local name)

(# of courtesy boat inspections)

(How was number derived? Direct count, short survey & extrapolation, guess?)

Ramp 2:

(Local name)

(# of courtesy boat inspections)

(How was number derived? Direct count, short survey & extrapolation, guess?)

Ramp 3:

(Local name)

(# of courtesy boat inspections)

(How was number derived? Direct count, short survey & extrapolation, guess?)

7. Please list your requested 2010 payroll grant award request on a per ramp basis and provide the total amount for all ramps requested in the table below. (2010 grant awards are being given out on a **per-ramp basis** based on the number of courtesy inspections conducted **at each individual ramp** in 2009—or the last previous year the ramp was staffed through the Lake Host™ Program. If the ramp has never been staffed through the program, the maximum award per ramp is \$750. If you do not know how many courtesy inspections were conducted at a particular ramp during a previous year, contact NH LAKES at lakehost@nhlakes.org or (603) 226-0299.)

2010 Lake Host™ Program Payroll Grant Request

Ramp	Ramp Name	Number of previous inspections conducted during most recent Lake Host season (if new ramp, maximum request is \$750)	Corresponding Grant Award Request 2010 Grant Award Guidelines*: 0 - 300 inspections = \$750 301 – 1,000 inspections = \$1,000 1,001 – 1,500 inspections = \$1,250 1,501 – 2,000 inspections = \$1,500 2,000+ inspections = \$2,000 2 nd , 3 rd , and 4 th ramps qualify for \$500 (*Actual awards will be determined based on the total amount all groups apply for.)
1			
2			
3			
Total request (Add amounts requested for each ramp. Amount must equal row 1 on page 4) =			

8. Provide a tentative weekly schedule **AND** start and end dates for paid and volunteer Lake Hosts in the table below. (Suggested coverage is at least weekends and holidays, Memorial Day through Labor Day. **Prior approval from NH LAKES is required for Lake Hosts to work beyond Labor Day.**)

	Ramp 1		Ramp 2		Ramp 3	
	Paid Lake Hosts	Volunteer Lake Hosts	Paid Lake Hosts	Volunteer Lake Hosts	Paid Lake Hosts	Volunteer Lake Hosts
Start Date:						
End Date:						
Mon.						
Tues.						
Wed.						
Thurs.						
Fri.						
Sat.						
Sun.						
Holidays:						

PAYROLL GRANT REQUEST: SUPPORTING CALCULATIONS

Please provide an itemized budget for your NH LAKES 2010 Lake Host™ Program payroll grant request. You MUST complete all calculations below.

- You will need to know how many volunteers you have and how many hours per week they will work.
- We encourage you to provide **more than** the minimum required match of 50% of your grant request amount. (*Grant awards in 2011 will heavily consider the amount of match provided by your group in 2010.*)
- When doing your figuring, remember to include time spent at formal and local training sessions.
 - Paid Lake Hosts are paid for these training hours AND travel time to and from the training session.
 - Point Person and volunteer Lake Host time spent at training sessions, driving to and from trainings, and mileage expenses (incurred at the rate of **\$0.50/mile**) count toward your match.

ROW	ITEM	EXAMPLE	YOUR CALCULATION
1	Total Grant Ask Amount for all ramps See “Summary of Key Points – Eligibility”)	\$1,000 (ramp 1) + \$500 (ramp 2) = \$1,500 total	
1(a)	OPTIONAL: Paid Managing Lake Host Salary. Enter the amount from line (d) of the Paid Managing Lake Host Worksheet found on page 5.	\$600 <i>This is Optional</i>	
1(b)	Payroll Amount Available for Lake Hosts: Subtract line 1(a) from line 1.	$\$1,500 - \$600 = \mathbf{\$900}$	
2	Lake Host Hourly Rate: Select in the range \$7.25/hr (minimum wage) to \$10/hr range. (You may provide hard cash to pay your Lake Hosts more than \$10/hour—your group will need to provide the additional hourly rate plus an additional 10% to cover additional statutory benefits.)	\$8/hr.	
3	Number of Paid Lake Host hours available for training and staffing ramp. Row 1(b) divided by row 2.	$\$900 \div \$10/\text{hr.} = \mathbf{90 \text{ hrs.}}$	
3a	Number of Paid Lake Host Hours to be spent at training. Estimate 3 hours for each new Paid Lake Host and 1 hour for each returning Paid Lake Host.	(2 new paid Lake Host attend formal 2-hr training session with 1-hour round trip travel time each = 6 hrs. and 1 returning paid Lake Host attends local 45-min training+15-min. travel time = 1 hr) 6 hrs. + 1 hr. = 7 hrs.	
3b	Number Paid Lake Host hours available for staffing ramps after training. Row 3 minus row 3a.	$90 \text{ hrs total} - 7 \text{ hrs training} = \mathbf{83 \text{ hrs.}}$	
4	Number of program weeks. 16 weeks max.; can start 5/22/10 and end 9/6/10.	10 weeks	
5	Number of Paid Lake Hours per week to staff ramp. Row 3b divided by row 4.	$83 \text{ hrs.} \div 10 \text{ weeks} = \mathbf{8.3 \text{ hrs./week}}$	
6	Volunteer Hours per Week. # volunteers multiplied by # hrs. each works per week.	$6 \text{ volunteers give } 4 \text{ hrs./week} = \mathbf{24 \text{ hrs/week}}$	

ROW	ITEM	EXAMPLE	YOUR CALCULATION
7	Total Volunteer Hours (row 6 multiplied by row 4)	24hrs./week x 10 weeks = 240 hrs. over the whole summer	
8	Volunteer Rate Per Hour (fixed at \$20.25/hour for volunteer Lake Hosts and Point Person's time)	\$20.25/hour	\$20.25/hour
9	Cash-equivalent Value of Volunteer Time (row 7 multiplied by row 8)	240 hrs. x \$20.25/hr. = \$4,860	
10	Cash Match to cover out-of-pocket volunteer expenses (for example: postage, copies, phone calls, mileage calculated at \$0.50/mi. , faxes, extra uniforms.)	Mileage (for local training) 44.5 mi. x \$.50/mi. = \$22.25 Copies: 300 @ \$.10 = \$30 40 faxed pages @ \$1.00 per page. = \$40 Extra uniform pieces: \$70 \$22.25 + \$30 + \$40 + \$70 = \$162.25	Mileage = Copies = Faxes = Additional Uniforms = Other (specify) = Total = \$
11	OPTIONAL - Cash Match to extend paid Lake Host and Point Person ramp coverage. (Includes salary AND 10% statutory benefits & other costs associated with payroll.) YOU WILL BE BILLED FOR 100% THIS AMOUNT IN MAY.	\$1,000 (of this amount, about \$909 goes to salaries and \$91, goes towards statutory benefits: soc. sec., Medicare, NH state unemployment taxes, & payroll costs)	
12	REQUIRED - Cash Match: \$300 base NH LAKES organizational membership.	\$300	\$300
13	Total Match (row 9 + row 10 + row 11 + row 12). This is your pledged amount.	\$4,860 + \$162.25 + \$1,000 + \$300 = \$6,322.25	
14	Match Percent of grant ask amount (min. 50%). Row 13 divided by row 1, multiplied by 100%.	\$6,322.25 ÷ \$1,500 x 100 = 421%	
15	Minimum Match Amount. 50% of row 1, the grant ask amount. This is the minimum match amount that you must provide.	50% x \$1,500 = \$750 (\$6,322.25 from row 13 is more than \$750 in row 15, so this example exceeds the minimum 50% match.)	\$ _____ (Amount in row 13 must equal or exceed the amount in row 15.)

Summary:

Grant request (row 1)
Total match (row 13)
Match percent (row 14)

EXAMPLE

\$1,500
\$6,322.25
421%

YOUR ANSWERS

\$ _____ (CHECK YOUR MATH!!)
\$ _____
_____ %

OPTIONAL WORKSHEET: PAID MANAGING LAKE HOST

ROW	ITEM	EXAMPLE	YOUR CALCULATION
a	Grant option for Managing Lake Host (\$12/hr – limited to 5 paid hours a week, 10 hours per pay period.)	\$12/hr	\$12/hr
b	Number of Program Weeks. 16 weeks maximum; can start 5/22/10 and end 9/6/10	10 weeks	
c	Hours Total: Multiply number of weeks by up to 5 hrs/week.	10 weeks x 5 hrs/week = 50 hrs.	
d	Salary: Multiply answer to (c) by 12. This is the cost of the point person to the grant award) Enter this amount on line 1(a).	50 hrs x \$12/hr = \$600	

GRANT REQUEST NARRATIVE EXPLANATION

1. Has your organization staffed any launch sites in previous years through the NH LAKES Lake Host™ Program?:

If “no”:

Has your organization participated in any courtesy boat inspection program, formal or informal?:
If “yes”, please describe:

2. Please explain why your organization should be selected for participation in the 2010 Lake Host™ Program payroll grant program:
3. Does your organization participate in the New Hampshire Department of Environmental Services’ (DES) Weed Watcher Program?:
4. Does your organization currently participate in the DES Volunteer Lakes Assessment Program?:
5. Do you currently participate in UNH’s Lakes Lay Monitoring Program (LLMP)?:
6. Please list any other lake/pond monitoring programs your organization is involved with:

