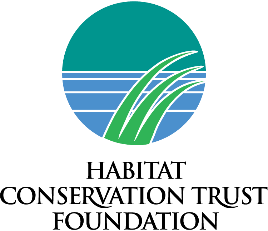
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2025 Invasive Mussels Monitoring Fund  
Application Worksheet

Please note this form is a **worksheet only**. All information entered into this Word application form will need to be transferred (copied and pasted) into the online application within Survey Apply and submitted with your budget and letter of support through the online system.

Please do not format your answers - Survey Apply does not accept any formatting copied over such as: bolded text, indents, italics, etc. It will convert to plain text. It will keep bullet points.

Before starting your application, please refer to the following documents from

[HCTF Mussels Monitoring Grant Resources](https://hctf.ca/grants/invasive-mussel-monitoring-grants/#resources):

* Application Instructions
* Program Guidelines
* British Columbia Dreissenid Mussel Lake Monitoring Field Protocol (referred to as the Field Protocol)
* Waterbody Sampling Table

Invasive Mussels Lake Monitoring Fund Application Form

Top of Form

**1. Project and Contact Information**

Project Title

*This will show the title that was used when the application was started. To edit this title please refer to the Survey Apply FAQ document.*

\*Total Amount Requested

*This amount must match the amount on the Budget Spreadsheet included with your application.*

*If they do not match, the amount on the Budget Spreadsheet will be considered correct.*

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**$**

\*Project Region (Dropdown Question – select one)

Please select the region in which your project will occur. Note that HCTF uses the old provincial region designations (e.g. the [*Wildlife Management Units Map*](https://hctf.ca/wp-content/uploads/2020/09/WildlifeMgmtUnitsMap.gif)):

0-Province Wide or Multi-Region

1-Vancouver Island

2-Lower Mainland

3-Thompson-Nicola

4-Kootenay

5-Cariboo

6-Skeena

7-Omineca/Peace

8-Okanagan

\*Application Sector(Dropdown Question – select one)

Academic Institution

First Nation

Individual

Industry

Municipal/Regional Government

NGO (Non-Governmental Organization)

Provincial Government

Other

\*Project Leader Contact Information

*This will be the primary contact for all project related correspondence and email notifications. Pending approval, the name listed here will be the main contact for the Conditional Grant Agreement.*

|  |  |
| --- | --- |
| Project Leader Name: |  |
| Email Address: |  |
| Work Phone: |  |
| Cell Phone (optional): |  |

Secondary Contact/Field Lead Contact Information

(Optional)

|  |  |
| --- | --- |
| Name: |  |
| Email Address: |  |
| Work Phone: |  |
| Cell Phone (optional): |  |

\*Recipient Organization Information

*The name and address listed here will be used to issue payments. Pending approval, the organization listed here will be legally responsible for this project.*

|  |  |
| --- | --- |
| Legal Organization Name: |  |
| Billing Address: |  |
| City: |  |
| Province: (Dropdown) | (Options for all Provinces will show in online application – select one) |
| Postal Code: |  |

**2. Proponent Information**

\*Short description of your organization

Maximum 300 words.

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\*Experience and qualifications

Describe your experience/qualifications with water quality sampling, explaining how your skills and experience and capacity will allow you to successfully undertake the proposed activities.

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**3. Project Details**

\*Water Temperature Data.

You must provide your water temperature data confirming >12 Degrees C for the proposed waterbodies.

Include your expected start date and expected end date of the sampling season.

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Additional Water Temperature Data.

(optional)

You may upload any additional tables or graphs here. File formats preferred are PDF, Word or Excel.

A white text on a gray background

Description automatically generated

\*Sampling Methods

Describe in detail your sample preservation methods.

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\*Ancillary Data Collection

Describe in detail ancillary data you plan to collect, equipment and methods to be used.

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\*Describe your decontamination protocol

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Partnerships

Describe any partnerships you have with other organizations, consultants, First Nations communities, local government, etc. and in what capacity. E.g., Outreach or Public events.

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**4. Certify and Next Steps**

Certification (Check box question)

* By submitting this application you certify that all the information presented is true and accurate and that all partners and additional proponents have agreed to participate in this project

**Communication Approval and Acknowledgement**

HCTF and the Province of British Columbia must be acknowledged in any publicity issued materials.

Guidelines for HCTF acknowledgment and information about the approvals and acknowledgements required by the Province of British Columbia can be found on our website:

[**HCTF & Province of British Columbia Communication Approval and Acknowledgement**](https://hctf.ca/grants/invasive-mussel-monitoring-grants/#manage)

* I have read the above guidelines and understand that I will be required to request approval and acknowledge HCTF and Province of British Columbia's support of this project, if approved for funding.

 Next Steps:

* Click "Mark as Complete" to finish the form portion of your application.
* Proceed to the next stage to upload your Budget Spreadsheet (required), Waterbody Sampling Table (required) and any letters of support (optional)

IMPORTANT! - Once all application tasks are "Marked as Complete" you still need to submit your application by clicking the "SUBMIT" button.

* Once you've reviewed all your completed upload tasks, click "Submit Your Application"
* Once submitted, you will receive a notification email in your inbox that your application has been received. If you do not receive an email, make sure to check your Junk or Spam folder.

*Note: Collaborators are not able to submit the application – the proposal can only be formally submitted by the account that initially created the application.*

Bottom of Form