



Forest Service  
U.S. DEPARTMENT OF AGRICULTURE

# EVALUATION MONITORING PROGRAM

## NEW PROJECT PROPOSAL

**Form Instructions:** When copy and pasting into text fields please paste as "plain text".

### Project Information

\*The Submission (FY) refers to the current Fiscal Year.

Program	FHM Region	Submission (FY)*	Additional Project ID (to be added by FHM Region)	Report Type New Proposal (NP)
<b>Project Number:</b>	<input type="text"/>		<input type="text"/>	
<b>Project Title:</b>	<input type="text"/>			

Has this proposal been submitted to another FHP Special Project Program? YES ☐ NO ☐

If yes, please list the Program and FY the project was submitted: \_\_\_\_\_

### Proposed Budget Summary

(This table is auto-generated from Budget Information sections)

Year 1 EM Total	Year 2 EM Total	Year 3 EM Total	Total EM Funds	Total Funds (All)

### Project Summary

- Briefly describe the project being developed (250 characters):

## Project Details

---

Background - Give a brief description of the Project including scientific framework and management implications (750 chars)

Methods - Give a brief description of methods including data availability (1500 chars)

Keywords (300 chars):

Products - Give a brief description of anticipated products. (750 chars)

Schedule of Activities - Listing of major events and timeline (750 chars)

Describe stakeholder involvement in this project - (e.g. How involved are managers and/or Forest Health Protection partners involved in this project?) (750 chars)

## Justification

---

Please describe how this project addresses each of the following Evaluation Monitoring selection criteria:

a. Decision Support (What regional level decisions will this project help support? ) (500 chars)

b. Holistic Assessment (Describe the forest health risks that this project will assess for users) (500 chars)

c. Scientific basis (How is this project supported by theory and practice?) (500 chars)

d. Partnerships (Describe how you will engage with partners to design, develop, or use the resulting products) (500 chars)

e. Cost/economic efficiency (Describe how the cost of the project is balanced by the returns) (500 chars)

**Year 1 Budget Information** (For a summary of total project costs, see page 1)

Fiscal Year (FY):

Budget Type	Budget	Requested EM Funding	Non-Federal Match**	Leveraged Funds***	Match Source	Leveraged Source
ADMINISTRATION	Salary					
	Travel for Data Collection					
	Travel to Meetings*					
	Travel for Other					
PROCUREMENT	Contracting					
	Equipment					
	Supplies					
INDIRECT	Overhead					
	Other					
SUBTOTAL						

Overhead Rate % (Describe in Notes):

Year 1 Total:

Year 1 Notes (1000 chars):

\* Funds allocated for "Travel to Meetings" in year 1 will only be approved for proposals requesting a single year of funding.  
\*\* Non-Federal Matching (cost sharing) funds are raised from outside sources to increase the level of support provided by the Federal Government. This includes both cash and in-kind contributions.  
\*\*\* Leveraged Funds are raised from outside sources to increase the level of support provided by the Federal Government (including cash and in-kind contributions) beyond the non-Federal matching requirements.

**Year 2 Budget Information** (For a summary of total project costs, see page 1)

Fiscal Year (FY):

Budget Type	Budget	Requested EM Funding	Non-Federal Match	Leveraged Funds	Match Source	Leveraged Source
ADMINISTRATION	Salary					
	Travel for Data Collection					
	Travel to Meetings					
	Travel for Other					
PROCUREMENT	Contracting					
	Equipment					
	Supplies					
INDIRECT	Overhead					
	Other					
	SUBTOTAL					

Overhead Rate %:

Year 2 Total:

Year 2 Notes (1000 chars):

**Year 3 Budget Information** (For a summary of total project costs, see page 1)

Fiscal Year (FY):

Budget Type	Budget	Requested EM Funding	Non-Federal Match	Leveraged Funds	Match Source	Leveraged Source
ADMINISTRATION	Salary					
	Travel for Data Collection					
	Travel to Meetings					
	Travel for Other					
PROCUREMENT	Contracting					
	Equipment					
	Supplies					
INDIRECT	Overhead					
	Other					
	SUBTOTAL					

Overhead Rate %:

Year 3 Total:

Year 3 Notes (1000 chars):

**FHP or Environmental Threat Assessment Center Sponsor**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Time commitment: \_\_\_\_\_  
Project Role: \_\_\_\_\_ Funding Coordinator: \_\_\_\_\_

**Principal Investigators**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Time commitment: \_\_\_\_\_  
Project Role: \_\_\_\_\_ Funding Coordinator: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Time commitment: \_\_\_\_\_  
Project Role: \_\_\_\_\_ Funding Coordinator: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Time commitment: \_\_\_\_\_  
Project Role: \_\_\_\_\_ Funding Coordinator: \_\_\_\_\_

**Cooperators**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Time commitment: \_\_\_\_\_  
Project Role: \_\_\_\_\_ Funding Coordinator: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Time commitment: \_\_\_\_\_  
Project Role: \_\_\_\_\_ Funding Coordinator: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Time commitment: \_\_\_\_\_  
Project Role: \_\_\_\_\_ Funding Coordinator: \_\_\_\_\_



## Additional Information in Support of Proposal

---

List additional documents being sent in support of the project. (e.g., graphics, photos, spreadsheets, etc.) (750 chars):

Citations: (2000 chars)