



APPLICATION FOR FINANCIAL ASSISTANCE PEST CONTROL INSURANCE FUND

The Pest Control Compact provides that any party state can apply to the Insurance Fund for financial support of pest control or eradication activities which it wishes to have undertaken or intensified in one or more other party or, in limited circumstances, in nonparty states. When a pest is found in another state that constitutes a threat to valuable agricultural or forest crops or products within the applying state, the Insurance Fund can provide financial support for control or eradication measures. State parties to the Compact are expected to maintain their existing pest control programs at normal levels aside from any assistance from the Insurance Fund. This safeguards the soundness of the Fund and assures that it will be used to apply the additional thrust necessary to combat outbreaks, which otherwise would not be controlled.

The Insurance Fund is under the control of the Compact's Governing Board, consisting of an official representative of each party state chosen by that state in accordance with its own laws. An Executive committee, consisting of the chairman and a representative from each of the four regions, is authorized to exercise certain responsibilities for the Governing Board when the Board itself does not meet.

A Technical Advisory Committee has been established to assist the Governing Board with the technical information necessary to make a decision on whether or not the Compact should be invoked on any particular requests. The Technical Advisory Committee is composed of two state plant control officials from each of the four regions of the Plant Boards, together with a representative of the U.S. Animal and Plant Health Inspection Service and a representative of the U.S. Forest Service.

When an application to the Insurance Fund is filed, the request is referred to the ten-member Technical Advisory Committee, which makes a study of the request and a recommendation on the feasibility of the project to the Governing Board. In an emergency, the Committee could make this recommendation within 72 hours or less after receiving the initial request for Compact assistance.

This is a two-part application. All questions must be answered in order for the application to be considered. Attach additional sheets as necessary. Attach letters of support from neighboring Party States, as necessary. The completed application should be submitted to the Executive Director, Interstate Pest Control Compact. A Cooperative Agreement and Final Report Template (with Financial Statement) are also included.

APPLICATION SUMMARY

Requesting State(s):	
Responding State: <i>(State where requested action will take place)</i>	
Pest:	
Type of Program: <i>(Quarantine, eradication, suppression, delimiting survey, etc.)</i>	
Amount of Request:	
Term of Program: <i>(Single-year/Multi-Year)</i>	
Program Implementation: <i>(Estimated Date)</i>	
Program Completion: <i>(Estimated Date)</i>	

PART I

1. Requesting State(s)

[Must be a Party (Member) State]

State and Agency:

Compact Administrator:

Mailing Address:

Telephone:

Fax:

Email:

(Continue list for each requesting state, if applicable)

2. Responding State

[State where requested action will take place]

State and Agency:

Compact Administrator:

Mailing Address:

Telephone:

Fax:

Email:

Is responding state a Compact member? (Yes/No)

Is responding state in agreement with this application? (Yes/No)

3. Pest Involved

A. Common and scientific name:

B. Is pest native, or introduced from outside the continental U.S.?

C. Major means of dispersal or transmission:

D. Known geographical range:

E. Potential geographical range in U.S.:

F. Type of damage caused by the pest:

4. Economic Importance

- A. To responding state (*for each crop affected list acres produced and value*):
- B. To requesting state(s) (*for each crop affected list acres produced and value*):
- C. Value of impacted crop(s)/plant resources to the United States:
- D. Estimated potential damage to crop(s)/plant resources in requesting state if Compact is not invoked:
- E. Other states which may be adversely impacted:

5. Type of Program (i.e., quarantine, eradication, suppression, delimiting survey, etc.)

6. Will Compact implementation result in an increase or decrease in normal plant pest control activity in the requesting state(s)? If a decrease results, explain how and why.

7. Fund Request

- A. Amount requested from pest insurance fund:
- B. Will State funds supplement this request? If so, how much?
- C. Will Federal funds supplement this request? If so, from whom and how much?
- D. Will other funds supplement this request? If so, from whom and how much?

8. Term of Program (Single-Year vs. Multi-Year)

- A. To the best of your knowledge, can the conditions which initiated this application for funds be abated, by a program undertaken with these funds, in one year or less?
- B. If not, is this request for an installment in a program which is likely to continue for a longer period of time? How long?

9. Target dates

- A. Program implementation:
- B. Program completion:

PART II

10. **Detail exactly what work will be performed and what will be accomplished with the funding request from the insurance fund. (Work Plan)**
11. **Detail the circumstances that occasion this request for the invoking of the Compact. Include information on how and why the situation is serious, whether or not an emergency exists, and the reasons why financial assistance is needed.**
12. **Detail an itemized budget indicating how funds from the Compact and all sources indicated in #7 above will be spent.**
13. **If the requested insurance fund money is to be used by a non-party (non-member) State, detail why conditions in the non-party state warrant financial assistance. Also, explain the value of such expenditures to the party (member) State(s).**
14. **Application submitted by:**
[Compact Administrator in Requesting State]

Name:
Title:
Department:
Mailing Address:
Telephone:
Fax:
Email:
Date of Application:

The following person(s) in the **REQUESTING** state(s) can be contacted for further details:

Name:
Title:
Department:
Mailing Address:
Telephone:
Fax:
Email:

(Continue list for each requesting state, if applicable)

The following person(s) in the **RESPONDING** state can be contacted for further details:

Name:

Title:

Department:

Mailing Address:

Telephone:

Fax:

Email: