

Nebraska Mosquito & Vector Control Association

Application form for
NMVCA GRANT to improve mosquito/vector control



1. Applicant: _____
2. Applicant mailing address: _____
City: _____, Zip code: _____ County: _____
3. Designated contact person: _____
Title: _____ Telephone: (____) _____
Email: _____ Fax: (____) _____
4. Area to be served by the grant. (community/city/county) _____
5. Does your community have an existing mosquito/vector control program? Yes / No What is the scope/activities of your current program:(use additional sheet if needed)

6. How will the grant be used to improve mosquito/Vector control? Please be as detailed as possible in this area: (use additional sheet if needed)

7. Total amount requested: \$ _____ (Currently limited to \$500.00)
8. Applicants must be an active member of the Nebraska Mosquito Vector Control Association in good standing, or if submitted by a municipality, township or county, they must have an active member in their employment. Additionally, if submitted by a community that intends to apply a larvicide or adulticide, that any such applications shall be made by a properly licensed applicator (category 9, NE Dept of Ag) and license number provided below. By acceptance of the grant, submitter agrees to provide a summary of how the grant was used to include invoices and/or receipts, and how it enhanced the mosquito/vector control program. Eligible to be awarded Grant once every five years.
9. Name of NMVCA member: _____
Printed name of submitter: _____
Signed name of submitter: _____
NE Dept of Ag License # (Category 09 if applicable): _____

Applications must be submitted by April 5th of the application year to the Association.

ATTN: Jeremy Collinson
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