

Nebraska Mosquito & Vector Control Association



Application form for NMVCA GRANT to improve Insect/Vector Control Eligibility once every five years.

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 insect/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 Insect/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. By acceptance of the grant, I agree to provide a summary of how the grant was used to include invoices and/or receipts, and how it enhanced the insect/vector control program.
9. Name and applicator license of NMVCA member: _____

Signed

Printed name of submitter.

Applications must be submitted by April 1st of the application year to the association.

ATTN: John Kouba
701 Koenigstein Ave.
Norfolk, NE 68701

