

# 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  
1137 S. Locust St.  
Grand Island, NE 68832  
[jcollinson@cdhd.ne.gov](mailto:jcollinson@cdhd.ne.gov)