

Wisconsin Department of Natural Resources SWIMS Project Summary

General Project Information

Project ID: AEPP48716
Name: RIVER ALLIANCE OF WISCONSIN: LAX Area AIS Coord. 2
Type: Aquatic Invasives Grant
Subtype: Aquatic Invasives Education
Status: COMPLETE
Start Date: 02/15/2016
End Date: 12/31/2018
Purpose: The River Alliance of Wisconsin is sponsoring a project to coordinate Aquatic Invasive Species (AIS) control on the Mississippi and its major tributaries in La Crosse, Trempealeau, and Buffalo Counties. Project activities and deliverables include: 1) funding and managing AIS coordinator position, 2) stakeholder/steering committee involvement, 3) Implement AIS Strategic Plan, 4) outreach, signage and events, 5) hire interns and coordinate CBCW activities, 6) train for and coordinate monitoring, data entry, and rapid response, and 7) final report. This scope summarizes the project detail provided in the application and does not negate tasks/deliverables described therein. Monitoring and CBCW values funded or used as match through other DNR programs may not be used as match for this grant. Data, records, and reports, including GIS-based maps and digital images must be submitted to the Department in a format specified by the regional Lake Planner. If consultant is to provide final report, it is recommended that Grantee provide the Lake Planner with a draft for comment on report adequacy prior to making final payment to the consultant. DNR to receive both paper and electronic .pdf copies of the final report along with, or prior to submission of the grantee's final payment request.

Objective:
Comments: Grantee is RIVER ALLIANCE OF WISCONSIN
Outcome:
Study Design:
QA Measures:

People

Name	Role	Status	Start Date	End Date	Organization	Comments
RIVER ALLIANCE OF WISCONSIN	GRANT_RECIPIENT	ACTIVE	06/01/2016		RIVER ALLIANCE OF WISCONSIN	

Project Statuses

Date	Reported By	Status	Comments
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Actions

Action	Detailed Description	Start	End Date	Status
Grant Awarded	Grant AEPP48716 awarded	02/15/2016	12/31/2018	COMPLETE

Monitoring Stations

Station ID	Name	Comments
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Assessment Units

WBIC	Segment	Local Name	Official Name
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Lab Account Codes

Account Code	Description	Start Date	End Date
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Forms

Form Code	Form Name
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Methods

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Method Code **Description**

Fieldwork Events

Start Date **Status** **Field ID** **Station ID** **Station Name**

Documents

Title **Description** **Author** **Published** **Comments**

Budget

Combined Budgets:
Combined SLOH:
Combined Total:

Funding

Organization **Source** **Type** **Amount** **Start Date** **End Date**