Town of Richmond

Request for Special Appropriations

Request for Fiscal Year: 2023

Organization's Name: Lake Iroquois Association

Address: P.O. Box 569

City, State, Zip: Hinesburg VT 05461 Website address:www.lakeiroquois.org

A. GENERAL INFORMATION

- 1. Program Name: Eurasian Watermilfoil Mitigation (EWM) / Education Program
- 2. Contact Person/Title: Patrick S. Kelly, President, Lake Iroquois Association

Telephone Number: 573-465-5629

E-mail address: shannon_kelly117@hotmail.com

- 3. Total number of individuals served in the last complete fiscal year by this program: 92 lakeshore Homeowners, and 1600 water Vessels (2021) inspected/washed, and all residents of Richmond who operated or were in boats or swam in Lake Iroquois.
- 4. Total number of the above individuals who are Town residents:
 - -Approx. 25% of the residents/users who own property or launched boats at the fishing access. There were most likely many Richmond residents who used the beach (the Lake Iroquois Association is not responsible for those statistics.

Please, attach any documentation that supports this number.

Percent of people served who are Town residents:

- -Approx. 25% of the users
- 5. Amount of Request: \$2000.
- 6. Total Program Budget: \$25000.

Percent of total program budget you are requesting from the Town of Richmond: 8%

- 7. Please state or attach the mission of your agency:
 - -The sole purpose of this association is to maintain and enhance healthy ecosystems and appropriate public uses of Lake Iroquois and those aspects of its watershed which impact on the health and well-being of the lake. This will be achieved through monitoring, preventive and management initiatives, research, education, advocacy and other actions, involving the cooperative efforts of property owners, town and State and federal officials and other interested parties.

b. Funding will be used to:	
Maintain an existing program	X Expand an Existing Program
Start a new program	

- 9. Has your organization received funds from the Town in the past for this or a similar program?
 - -Yes, historically the amount requested is \$1000.

If yes, please answer the following:

- a. Does the amount of your request represent an increase over your previous appropriation? If yes, explain the reason(s) for the increase.
- -Yes. The increased request stems from increased usage of the lake over the last two seasons, which drives increased outreach efforts.
- b. Were any conditions or restrictions placed on the funds by the Selectboard?

No

If yes, describe how those conditions or restrictions have been met.

B. PROGRAM OVERVIEW

- 1. Statement of Need: Identify the issue or need that the program will address (use statistical data to justify the need for the program). To what extent does this need or problem exist in the Town of Richmond?
 - -The education programs developed by the LIA show positive impact toward prevention of further invasive introduction or spread aquatic of invasives in the lake. Through the efforts of our greeter program, homeowner manuals, and extensive work performed exclusively by volunteers, this funding request is an important piece of our education programing. There are over 50 invasive species in Lake Champlain, and other lakes have higher numbers as well.

2. Program Summary:

-We currently inspect hundreds of vessels at the access area and wash several hundred. Our primary objective is to continue strengthening our outreach programs through leaflet distribution, landowner site visits, and other educational avenues to discuss prevention of invasive species introduction.

3. Program Funding:

- -We are using this money to match municipal funds obtained from the Towns of Williston and Hinesburg. These funds augment donations from landowners sharing the organization's concerns, and provide contributory support of LIA's efforts. This on-going effort is in its 15th year.
- a. Identify the target/recipients of program services. Specify the number of Town residents your program will serve during the fiscal year and explain the basis upon which this number is calculated. Indicate any eligibility requirements your program has with respect to age, gender, income or residence.
 - -We currently inspect hundreds of watercraft at the access area and wash several hundred, our main objective is to continue to strengthen our outreach programs through education of leaflets, person visits to landowners and other

educational avenues to discuss how to prevent invasive species.

- b. Identify what is to be accomplished or what change will occur from participating in the program. How will people be better off as a result of participating in the program? Describe the steps you take to make the project known to the public, and make the program accessible and inclusive?
 -We will continue distribution of a Homeowner / Lake user's manual for use by 100s of stakeholder and their families. Other educational outreach items will be distributed to each user of the access area to promote continued awareness of preventing the spread of aquatic invasives. These funds will not be used to apply herbicides or other pesticides.
- C. Identify how Town funds, specifically, will be used (i.e., funds will provide "X" amount of units of service.)
 - -We are using this money to match municipal funds obtained from the Towns of Williston and Hinesburg. These funds augment donations from landowners sharing the organization's concerns, and provide contributory support of LIA's efforts.
- D. List the other agencies to whom you are submitting a request for funds for this program and the amount requested. How would this program be modified should revenues be lost?
 - -We are asking the Towns of Williston and Hinesburg for \$15,000 each to strengthen our programing efforts. We also received state Grant funding in 2021 from the Lake Champlain Basin Project to maintaining our successful Greeter Program this past season). Additional funding will address implementation of multiple programs to include greeters, and milfoil mitigation.

C. ORGANIZATIONAL CAPACITY

- 1. Describe your agency's capability to provide the program including its history, previous experience providing this service, management structure and staff expertise:
- -We are a group of 14 Board members representing the LIA (one of whom is Mr. Jack Linn, also a LIRD (Lake Iroquois Recreation District) and RCC (Richmond Conservation Commission) member. We also have several volunteers who perform work such as installing markers for boat traffic, water sampling, and researching land area problems that could affect water quality.
- 2. How will you assess whether/how program participants are better off? Describe how you will assess program outcomes. Your description should include: what (what kind of data), how (method/tool for collecting the data), from whom (source of data) and when (timing of data collection).
- -We continue to work with the Vermont Department of Environmental Conservation (VT DEC) each year to evaluate and train our Greeters through these efforts. Our program is recognized by DEC as one of two model programs in the state. This program leads to cleaner water and increased use of the lake for recreation.
- 3. Summarize or attach program and or service assessments conducted in the past two years.

- -We continue to strengthen our greeter program by adding additional days each week of the season, in addition to increased educational dialog via verbal and written communication. We see that this program plays a vital role through enhanced protection of the lake. Your fund allocations are used to develop and strengthen this programing. We see the positive impacts when we distribute the information publicly each year.
- 4. Does your organization have a strategic plan and a strategic planning process in place?
- -We completed a five-year management plan in early 2021-If yes, please attach your plan.

The strategic plan should include a mission statement, goals, steps to achieve the goals, and measures that assess the accomplishments of the goals.

- 5. What is the authorized size of your board of directors?
 - -Minimum of nine members; we are currently at 14.

How many meetings were held by the board last year?

-12 monthly meetings

I, the undersigned, confirm the information contained herein is accurate and can be verified as such. I understand and agree that if the requested funds are approved, the disbursement of funds are subject to all conditions established by the Richmond Selectboard.

Signature of Applicant:

Date: 09/02/2021

Patrick S Kelly, President, Lake Moquois Association

Print Name of Applicant and Title