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