COOPERATIVE AGREEMENT TEMPLATE & INSTRUCTIONS

**Instructions:** If a county is proposing to use a designated agent, this cooperative agreement template is to be used in conjunction with the application to apply for a Lake Monitoring & Protection Network (LMPN) grant. Please delete this instruction page before submitting a signed final version of this document.

Each county must submit a signed cooperative agreement if using a designated agent when participating in the LMPN. This sample cooperative agreement can be used during discussions between counties, the designated agent, and DNR staff when determining the core tasks that will be completed as part of the network. Please send questions about this process to [DNRSurfaceWaterGrants@wisconsin.gov](mailto:DNRSurfaceWaterGrants@wisconsin.gov).

Based on the available funding and the ability to complete the core services in the cooperative agreement, the numbers of trainings or events that are held per year should also be altered throughout the agreement. We understand the extent of the work completed may be dependent on the amount of funding provided per county as part of the LMPN, and the cooperative agreement can be altered accordingly. You are also able to add or remove core services and related items as needed. For example, you may add that the designated agent will follow a county or regional AIS strategic plan or remove a core service that is already covered by another individual in the county.

Throughout the document, you will need to replace the text for [designated agent name], [county name], and [##] with appropriate text.

The “County Allocations” section will list the maximum allocation amount from each county to determine the maximum grant award that can be given to the designated agent. The most recent list of county allocations can be found on the Surface Water grants website ([link to county allocations PDF](https://dnr.wi.gov/Aid/documents/SurfaceWater/LMPNCountyAllocations.pdf)). All counties included in the cooperative agreement should have their allocations listed.

Under the “Proposed Project Budget” section, the overall budget of the LMPN grant will be listed which is used as the project budget for the grant. Thus, if a designated agent is contracting with multiple counties, the total proposed project budget will exceed the individual county’s allocation.

Once the cooperative agreements are finalized and signed by the county and designated agent, they can be submitted with a corresponding application to [DNRSurfaceWaterGrants@wisconsin.gov](mailto:DNRSurfaceWaterGrants@wisconsin.gov). While all applications and cooperative agreements are collected from the counties involved, the designated agent will send in an authorizing resolution from their organization. A grant agreement will then be sent to the designated agent to sign before funds are distributed directly to the designated agent.

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Cooperative Agreement

to Satisfy Eligibility for

[designated agent name]

Calendar Year (20XX)

**Term of Agreement**: January 1, 20XX – December 31, 20XX

1. General Purpose

This Agreement documents the manner in which the [designated agent name] (hereafter “agent”) will provide core Aquatic Invasive Species (“AIS”) Prevention and Citizen Lake Monitoring Network (“CLMN”) services in the coverage area during the Term of Agreement referenced above. The coverage area includes the following counties: [county name], [county name], and [county name].

1. [county name] County designates [designated agent name] as its agent.
2. Goal of [county name] County

To improve surface water quality through the detection, prevention, and control of AIS and monitoring of lake water quality conditions.

D. Goal of the [designated agent name]

To provide technical assistance to communities, stakeholders, and volunteers within the coverage area to prevent the spread of AIS, to provide education about AIS impacts and prevention, and to conduct lake monitoring.

E. Annual Meeting Requirement

All parties agree to meet annually to plan, prioritize, and coordinate project activities.

F. Duties of the Agent

In cooperation with the Wisconsin Department of Natural Resources (DNR), the agent agrees to continue to implement an AIS Prevention and Outreach Program throughout coverage area. The agent will perform the following:

1. Provide local support and assistance in implementation of statewide communication and education priorities to ensure consistent AIS messaging.
   1. Work with DNR and UW Madison, Division of Extension in implementation of the Wisconsin Statewide Aquatic Invasive Species Strategic Plan.
   2. Collaborate with DNR on delivery of consistent project communication, outreach, and educational programming.
   3. Participate in and coordinate local partner involvement in statewide AIS initiatives including Landing Blitz, Drain Campaign, Waterfowl Hunter Outreach, Bait Shop Initiative, and other campaigns as directed by the DNR to AIS stakeholders in the coverage area. This includes providing media tools, resources, and messaging prompts to partners.
   4. Coordinate with DNR staff and other local partners within the coverage area to share AIS prevention and education efforts.
   5. Meet with cooperative invasive species management areas (CISMAs), to assist with AIS education, monitoring, and response efforts.
   6. Assist AIS grant recipients with AIS education and outreach tools to ensure consistent messaging as grants are awarded.
   7. Participate in DNR training on AIS Response Framework, including verification of AIS.
   8. Assist the DNR, UW Madison, Division of Extension, UW-Sea Grant, and other partners in identifying audiences and knowledge gaps in AIS prevention, awareness, and compliance.
   9. Attend annual DNR AIS and UW Lakes Partnership events and training sessions including, but not limited to:
      1. AIS Partnership meetings
      2. Aquatic Invasive Species training sessions
      3. Clean Boats, Clean Waters (CBCW) trainings, if applicable
      4. CLMN trainings, if applicable
      5. Purple Loosestrife Biocontrol trainings, if applicable
      6. AIS Response Framework trainings
      7. UW Lakes Partnership monthly meetings
   10. Serve as media contact for the coverage area for all DNR campaigns.
2. Coordinate the CLMN Program water chemistry, water quality, and/or AIS components for CLMN volunteers:

In this section work with local DNR CLMN Coordinator to fill out.

DNR CLMN Coordinator who approved the activities: (please name DNR CLMN Coordinator here)

* 1. Conduct training for CLMN volunteers:
     1. Water chemistry
        1. Counties (please list):
     2. Water quality
        1. Counties (please list):
     3. AIS Monitoring using CLMN protocols
        1. Counties (please list):
     4. Use of monitoring equipment
        1. Counties (please list):
        2. Equipment to be trained on (please list):
  2. Manage and distribute lake monitoring equipment to CLMN volunteers
     1. Water chemistry
        1. Counties: (please list)
        2. Equipment to be distributed: (please list)
     2. Water quality
        1. Counties: (please list)
        2. Equipment to be distributed: (please list)
  3. Perform at least [##] field checks on CLMN monitors and conduct quality assurance checks on data entered into the DNR Surface Water Integrated Monitoring System (SWIMS) by citizen monitors at the end of monitoring year.
     1. Counties: (please list)
  4. Provide email/phone support to answer questions and be point of contact to CLMN volunteers.
     1. Water chemistry
        1. Counties (please list):
     2. Water quality
        1. Counties (please list):
     3. AIS Monitoring
        1. Counties (please list):
  5. Assist with SWIMS data entry, as needed to CLMN volunteers.
     1. Water chemistry
        1. Counties (please list):
     2. Water quality
        1. Counties (please list):
     3. AIS Monitoring
        1. Counties (please list):

1. Collect and report other chemical, biological, or physical data on lakes and lake ecosystems, including data on water levels and lake ice extent and duration as requested by DNR.
2. Coordinate and participate in early detection and response monitoring for AIS in coverage area:
   1. Serve as local coordinator of the annual AIS Snapshot Day by recruiting and training volunteers and monitor at least [##] locations.
   2. Conduct at least [##] Project Riverine Early Detection (Project RED) training workshop for volunteers.
   3. Monitor for AIS using CLMN methods at public boat launches.
   4. Work together with regional DNR AIS Coordinator to provide AIS response monitoring based on reports of AIS findings or repeated instances of AIS.
3. Participate in and coordinate local partner involvement in implementation of the [Wisconsin Aquatic Invasive Species Management Plan](https://dnr.wi.gov/water/wsSWIMSDocument.ashx?documentSeqNo=199335111)’s Pathways approach. This includes providing media tools, resources, and messaging prompts to partners and AIS stakeholders.
   1. Organisms in Trade Pathway
      1. Support Habitattitude program.
         1. Attend Habitattitude pet surrender events in service area, if applicable.
         2. Promote nearby Habitattitude pet surrender events both in and around service area, if applicable.
         3. Incorporate Habitattitude outreach and education at events/meetings/etc.
      2. Assist with other AIS Pathways monitoring including pet store monitoring as needed by the DNR, US Fish and Wildlife Service, UW Sea Grant, Wisconsin Department of Agriculture, Trade and Consumer Protection (DATCP), etc. Recreational Activities and Service Providers Pathway.
   2. Recreational Activities and Service Providers Pathway
      1. Send annual outreach mailing to all dock service providers in coverage area following mailing instructions found in LMPN Toolbox.
   3. Non-Recreational Fishing and Aquaculture Pathway
      1. Contact at least [##] bait shops as part of the statewide Bait Shop Initiative and provide AIS outreach message and materials.
4. Coordinate the Clean Boats, Clean Waters (CBCW) watercraft inspection program in [county name] County:
   1. Seek volunteers to staff boat launches and educate boaters about AIS and prevention steps.
   2. Organize and coordinate at least [##] CBCW trainings to train volunteers and/or paid staff on methods to conduct boat inspections and educate boaters about the AIS prevention steps.
   3. Work with partners to apply for CBCW grants to fund additional inspectors.
5. Coordinate the implementation of the Purple Loosestrife Biocontrol Program in [county name] County:
   1. Support and expand the existing network of purple loosestrife biocontrol partners.
   2. Plan and conduct at least 1 training workshop for purple loosestrife biocontrol partners per county.
   3. Help identify insectaries, coordinate or participate in the collection and distribution of purple loosestrife biocontrol organisms to all interested partners, and target the release of organisms, where needed, in [county name] County.
   4. Work with DNR and UW Madison, Division of Extension to report infestations and track biocontrol releases in the SWIMS database.
6. Coordinate checks on DNR AIS signage at lake/river public access sites within [county name] County:
   1. Conduct inspections of at least [##] public access sites to verify DNR AIS signage is in place and in good condition.
   2. Use DNR-approved forms to report signage inspections and enter data in SWIMS.
   3. Maintain digital photographs of AIS signs that have been inspected and upload them to the County’s AIS Signage Project in SWIMS.
   4. Install DNR AIS signage, as needed, and per installation protocol.
7. Provide AIS outreach and education to local partners and AIS stakeholders:
   1. Conduct AIS outreach and education at local schools, events, meetings, etc.:
      1. Including, but not limited to, large public festivals, farmers markets, presentations to local school children (when requested), fishing tournaments, and stakeholder meetings (e.g., Conservation clubs, boating clubs, angling clubs, etc.).
      2. AIS outreach and education will be held minimally at [##] events/meetings/tournaments/etc.
   2. Network with AIS stakeholders and partners at local events and meetings.
   3. Share, on average, 2 AIS related posts per month via social media to increase AIS awareness and reinforce prevention messaging.
   4. Write [##] electronic newsletter(s) to provide AIS information and updates on Coordinator activities/outreach to partners:
      1. Each newsletter will have, on average, [##] AIS-related articles.
      2. Articles from newsletter will be shared through relevant social media.
      3. Share relevant AIS articles with new and previously established partners for use in their newsletters.
      4. Submit newsletter to county partners and DNR contact.
8. Provide technical assistance to a grantee or grant applicant for AIS Prevention.
9. Provide technical assistance to a grantee or grant applicant for Early Detection & Response grant projects.
   1. Upon discovery of a new Prohibited or locally significant NR40 population, work with Regional DNR AIS Coordinator to apply for an AIS Early Detection & Response grant, as appropriate.
   2. Apply for AIS Early Detection & Response grants as a sponsor, if applicable.
10. Facilitate entry of all data into SWIMS:
    1. Train partners how to enter AIS information into SWIMS, including for CBCW, CLMN, Purple Loosestrife Biocontrol, etc.
    2. Ensure data entry into SWIMS is completed per annual reporting requirements that may include CBCW, CLMN, Purple Loosestrife Biocontrol, Snapshot Day, AIS Signage monitoring, and any incidental AIS findings by end of grant period.
11. Adhere to decontamination and disinfection protocols required by the DNR for controlling, transporting, and disposing of aquatic plants and animals, and moving water. This includes requirements under s. 30.07, Wis. Stats., and ss. NR 19.055 and NR 40.07, Wis. Adm. Code, as well as compliance with the most recent DNR approved ‘Boat, Gear, and Equipment Decontamination and Disinfection Protocol’.
12. Retain, for a period of six years after the end date of this agreement, all project records, including proofs of payment and proofs of purchase, showing events/tasks undertaken as part of this agreement.
    1. This shall include:
       1. Training sessions attended.
       2. Training sessions held and name of participants attending.
       3. Meetings with stakeholders and/or partner groups.
       4. AIS outreach activities.
       5. Media contacts.
    2. Participate in meetings with DNR to discuss agreement accomplishments and financial status.
13. Submit [##] progress reports and a final report to [county name] County and DNR.
    1. Before finalizing the progress and final report, send a copy to the DNR contact on the grant for approval.
    2. Once approved by the DNR contact, progress reports and final reports will be uploaded to SWIMS by the designated agent.
14. Submit final reimbursement request to DNR on form provided by DNR no later than 60 days after the end of this agreement.

G. Duties of [county name] County

1. To attend periodic meetings or conference calls with DNR and [designated agent name] for the furtherance of this project.

|  |  |
| --- | --- |
| **County Allocations** |  |
| [county name] County | $\_\_\_\_\_\_ |
| [county name] County | $\_\_\_\_\_\_ |
| [county name] County | $\_\_\_\_\_\_ |
| [county name] County | $\_\_\_\_\_\_ |
| **Total** | **$\_\_\_\_\_\_** |
|  |  |
| **Proposed Project Budget** |  |
| AIS Coordinator Salary | $\_\_\_\_\_\_ |
| AIS Coordinator Fringe Benefits | $\_\_\_\_\_\_ |
| Salaries (Administration) | $\_\_\_\_\_\_ |
| Fringe Benefits (administration) | $\_\_\_\_\_\_ |
| Travel | $\_\_\_\_\_\_ |
| Supplies & Operating Expenses | $\_\_\_\_\_\_ |
| Contractual Services | $\_\_\_\_\_\_ |
| Equipment | $\_\_\_\_\_\_ |
| Other (describe in detail) | $\_\_\_\_\_\_ |
| **Total** | **$\_\_\_\_\_\_** |

H. Declaration

By affixing our signatures below, we swear that the document above accurately portrays the relationship and intent of all parties.

|  |  |
| --- | --- |
| FOR [county name] County  By:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature    Title    Date Signed | FOR [designated agent name]  By:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature    Title      Date Signed |