**Capital Region Partnership for Regional Invasive Species Management Response Report**

**Section 1: Response Project Summary**

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| **General Information** |
| **Date Response Action Conducted:**  | **Property Owner Name, Title, and Contact:**  |
| **Site Name:**  |
| **Site Address (if different):**  | **Project Leader Name, and Contact:** |
| **Latitude/Longitude:** | **County:** |
| **Total Parcel Size (acres):**  | **Team Member Name(s):** |
| **Worksite Size (acres):**  | **Permit(s)/Permission(s) Acquired?** |
| **Report Author:** | **Data Recorder & iMapInvasives ID:** |

**\*\*\*Remember to obtain proper permissions before completing any response project.** **Please attach any permits/permissions completed for this project as an appendix.**

**Conservation Goal:**

☐ To protect/assess a conservation value [ ]  Local Eradication [ ]  Containment

[ ]  Suppression [ ]  Exclusion

**Response Type:**

[ ]  Initial Response [ ]  Follow-up Monitoring [ ]  Crew Assistance Program Project

[ ]  Research Action [ ]  Restoration [ ]  Volunteer Engagement

**Disposal method(s):**

**Project Significance:** Some recommended resources to identify high priority sites include:the [CR-PRISM Framework of Response](https://www.capitalregionprism.org/uploads/8/1/4/0/81407728/cr-prism_framework_of_response_2023.pdf), the [NYNHP Prioritization Model](https://www.capitalregionprism.org/ny-invasive-species-prioritization-map.html), the [NYS DEC Environmental Resource Mapper](https://gisservices.dec.ny.gov/gis/erm/)? Please provide screenshots of any maps and/or models used to determine the site is a priority and describe why they show the site is a priority. What other reason is present for conducting the response action (protecting rare, threatened, endangered species, crew assistance project, significant habitat present, high/very high threat species/Tier 2 species present etc.)?

**Section 2: Response Results Summary**

**Is this the first year of treatment?** If not, consider creating an invasive species management plan for your project.

**Total # of Participants:**

**Time Spent on Removal (hours, minutes):**

**Is follow-up needed? What time of year and how often during the season?**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Species Common & Scientific Name** | **Tier Ranking** | **Threat Ranking** | **Response Method** | **Percent Cover (%)** | **Distribution/ Abundance** | **Size of Infestation (Acres/ Miles if linear)** | **Area Treated (Acres/ Miles if linear)** |
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**Integrated Pest Management Methods Deployed:**

* **Manual**- the use of physical means to eliminate or reduce pest populations

Cut, Girdle/Frill, Mow, Dig, Plow, Pull, Other (Describe)

* **Mechanical**- the use of mechanical means to eliminate or reduce pest populations

Cut, Girdle/Frill, Mow, Dig, Plow, Pull, Other (Describe)

* **Chemical\***- the use of pesticides to eradicate or limit the prevalence of unwanted pests.

\*Please include Chemical name(s) below

Foliar spray, Stem injection, Cut-stump treatment, Wiper application, Basal bark application, Frill, Tree injection method, Other (Describe)

* **Cultural\*\***- the practice of modifying the growing environment to reduce the prevalence of unwanted pests.

\*\*Please describe in table above and in additional notes (if needed)

* **Biological control\*\*\***- the use of a natural enemy or predator to control a pest.

\*\*\*If biological control is released, please see additional information to collect below

**Percent Cover:**

iMapInvasives Percent Cover Ranges: <5%, 5%-25%, 26%-50%, 51%-75%, 76%-100% or use a specific percentage

**Distribution/Abundance:**

Trace (single plant/clump), Sparse (scattered plants/clumps), Dense plants/clumps, Monoculture, Linearly scattered

**For Biological Control Releases Only:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Biocontrol Released (Scientific Name)** | **Target Invasive****(Common Name)** | **Target Invasive****(Scientific Name)** | **Number Released** | **Life Stages released** |
|  |  |  |  |  |

**For Restoration Projects Only:**

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| --- | --- | --- | --- | --- | --- |
| **Species Common Name** | **Species Scientific Name** | **Source** | **Propagation Type** | **Number Planted** | **Area Restored (Acres)** |
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**Section 3: Summary of Recommendations**

This section provides recommendations of any response methods, monitoring methods, and restoration efforts based on the survey.

**Additional Notes:** Provide any additional information that is not included above regarding species managed for or about the response project itself. Were there any barriers or issues that arose before or during the response action? Provide any advice that could limit barriers or issues in the future.

**Treatment:** Briefly describe any recommendations for future response methods, why they are recommended, and any alternatives to consider. Please use abundance and site-specific factors in your recommendation. Optional: Attach or reference BMP guidance document. Consider state and local permitting requirements.

**Post-Survey Monitoring**: Briefly describe the monitoring procedure, when it will occur, and who will complete it. Consider the phenology of species when suggesting timelines. If this project continues, the CR-PRISM strongly suggests creation of a management plan. If a plan is needed, please contact the CR-RPISM office for a template of our Invasive Species Management Plan.

**Map:**

Develop a map of the response area that has the searched area, any iMapInvasives points, polygons and/or lines for presence or non-detection. Multiple maps may be added for multiple species or locations. All response actions should be uploaded to the CR-PRISM SharePoint Tracker and iMapInvasives.