|  |  |  |
| --- | --- | --- |
| **Southern Pine Beetle Prevention Program** |  | C:\Users\cbarton\AppData\Local\Microsoft\Windows\INetCache\Content.Word\ADA_LOGO_2019-01.png |

# Application for 2019 Funding

## Landowner Information

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  | | | | | | | | |
| Address: |  | | | | | | | |  |
|  | Street Address | | | | | | | | Apartment/Unit # |
|  |  | | | | | | |  |  |
|  | City | | | | | | | State | ZIP Code |
| Phone: |  | | | | Email: |  | | | |
| County: |  | District: |  | GPS Location (in decimal degrees): | | |  | | |

## Landowner Conditions

1. Inform County Forester in advance of when the project will start and agree to complete the project by June 1, 2021. Following this deadline, AFC reserves the right to cancel the project’s cost share allocation.
2. Applicant must be the legal owner or have the power of attorney of the property where practices will be performed. Also must assume responsibility for boundaries of the parcel where service work is to be performed.
3. Give County Forester the right to enter the property for inspecting before and after completion of the project.
4. Provide documentation requested by the County Forester, e.g. invoices, cancelled checks, or mill receipts.

|  |  |
| --- | --- |
| I have read and comply with the above conditions: |  |
|  | *Landowner Signature* |

## Cost Share Allocation (*To Be Completed Only by the County Forester*)

The following is the practice and cost share requested by the County Forester:

|  |  |  |  |
| --- | --- | --- | --- |
| Practice: | Requested Acres: | Cost Share Rate(or NTE Rate): | Cost Share Requested: |
| Choose an item. |  | **$** | $ |

|  |  |
| --- | --- |
| Logger Incentive (allowable for FCT practices with 40 acres or less): | $ |

## Allocation Approval

The above project is approved and, if properly carried out according to the SPBPP Project Plan, will qualify for cost share payments offered by AFC through the program.

|  |  |  |  |
| --- | --- | --- | --- |
| County Forester: |  | SPBPP Program Manager: |  |
| Date: |  | Date: |  |

## Payment Required (*To Be Completed Only by the Program Manager*)

As detailed in the SPBPP Project Plan, this project was completed and requires the following cost share payment:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Acres Completed: |  | Landowner Cost Share Required: | $ | Logger Incentive Required: | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| Approval: |  | Date: |  |