|  |  |  |  |
| --- | --- | --- | --- |
| Landowner: | Click or tap here to enter text. | Award Year: | Click or tap here to enter text. |
| County: | Click or tap here to enter text. | County Forester: | Click or tap here to enter text. |

The purpose of this plan is to achieve two main objectives: 1) provide sound forest management recommendations that will enable you to maintain a profitable and sustainable stand of timber and 2) effectively manage the hazard and spread of southern pine beetle and Ips bark beetles by putting an increased emphasis on a proactive approach. Thinning is known to effectively lower the risk of pine bark beetle infestations.

Thank you for allowing the Arkansas Department of Agriculture - Forestry Division to assist in the management of your property.

**The County Forester must review these items with you, the SPBPP applicant:**

1. Conditions for Southern Pine Beetle Prevention Program (SPBPP) projects:
	1. Eligible landowners: non-industrial private landowners, groups, small corporations, part-time forest product manufacturers
	2. Project size is at least 10 contiguous acres of pine
	3. Estimated stand-wide basal area is greater than 120 feet squared per acre
2. Ensure that **SPBPP Application** is properly completed and signed.
3. Ensure that a **W-9 Form** is properly completed with landowner’s Social Security Number or Federal Employee Identification Number listed along with the landowner’s signature.
4. Determine payment division/percentage if there is more than one landowner involved, such as family co-owners. If more than one payment is to be made, ensure that all intended recipients have completed a W-9 Form.
5. **The landowner must notify the County Forester of progress on this project**, including scheduled harvesting activities and practice completion.
6. Any thinning done prior to approval of an SPBPP Application will **not** be eligible for cost share.
7. **Upon completion of the project, the County Forester must visit the property to conduct a final assessment and to finish this SPBPP Project Plan.** After the site visit,this completed SPBPP Project Plan, the SPBPP Application, W-9, and any paperwork that documents project expenses (such as invoices) to the SPBPP Program Manager in Little Rock. When received, the reimbursement will be made in the form of a check mailed to the landowner.
8. In the event the U. S. Forest Service or Congress shall fail to appropriate adequate funds for the continuance of this program, then this agreement and all the responsibilities of the ADA – Forestry Division hereunder shall cease.

## Project Description and Plan

|  |  |
| --- | --- |
| Landowner: |   |

|  |  |  |
| --- | --- | --- |
| Address: |   |   |
|  | *Street Address* | *Apartment/Unit #* |
|  |   |   |   |
|  | *City* | *State* | *ZIP Code* |

|  |  |  |  |
| --- | --- | --- | --- |
| Legal Description: |   | GPS Coordinates (in dec. deg.): |   |

*Please attach a printed map of the tract via FAR – AFC Fire & Activity Reporting System*

**SPBPP Practice Recommendation:**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Pine BA (ft2 per acre) Prior to Project: |   | Recommended BA: |   |

|  |  |
| --- | --- |
| Recommended BMPs: |   |

|  |  |
| --- | --- |
| Other Forest Management Considerations: |   |

|  |  |
| --- | --- |
| Consulting Forester: |   |

|  |  |  |
| --- | --- | --- |
| Address: |   |   |
|  | *Street Address* | *Apartment/Unit #* |
|  |   |   |   |
|  | *City* | *State* | *ZIP Code* |

|  |  |
| --- | --- |
| Logger: |   |

|  |  |  |
| --- | --- | --- |
| Address: |   |   |
|  | *Street Address* | *Apartment/Unit #* |
|  |   |   |   |
|  | *City* | *State* | *ZIP Code* |
| Was logger approved for an incentive payment (projects 40 acres or less)?: | Yes: |[ ]  No: |[ ]
| *If yes, please remember to obtain a W-9 from the logger* |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Plan Prepared By: |   | Title: |   | Date: |   |

## Project Completion Summary

|  |  |
| --- | --- |
| Date project was completed (may be an estimation): |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Actual acreage where practice was applied (may be less than the approved acreage): |   | Residual pine BA (ft2 per acre): |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Total tons removed (if applicable): |   | Tons per acre: |   |

|  |  |
| --- | --- |
| Method used to determine total tons removed (e.g., mill tickets, survey estimation): |   |

|  |  |  |
| --- | --- | --- |
| Were recommended BMPs followed?: | Yes: |[ ]  No: |[ ]

**I certify that this project was completed in accordance with the guidelines of**

**the Southern Pine Beetle Prevention Program**

|  |  |
| --- | --- |
| County Forester Signature: |  |
| Date: |  |

**Submit this completed SPBPP Project Plan, the SPBPP Application, and W-9s to:**

**Mail:**

Chandler Barton, SPBPP - Program Manager

1 Natural Resource Drive

Little Rock, AR 72205

**Or Scan and Email:**

Chandler.Barton@agriculture.arkansas.gov

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