Southern Pine Beetle Prevention Program

Project Plan and Application for 2022 Funding for Thinning Practices

Funding associated with USDA Forest Service grant: 22-DG-11083105-004



Landowner:	Practice:	
	Forestry Division	
County:	Personnel Name:	

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 (Division) to assist in the management of your property. The Division must review the program information below with the Southern Pine Beetle Prevention Program (SPBPP) applicant.

Both parties understand and agree that:

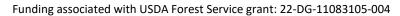
- 1. Participants in the SPBPP projects must:
 - a. Be eligible landowners— non-industrial private landowners, groups, small corporations, part-time forest product manufacturers,
 - b. Have at least 10 contiguous acres of pine, and
 - c. For first commercial thinning practices, have an estimated stand-wide basal area of greater than 120 feet squared per acre of pine.
- 2. Any thinning done prior to approval of an SPBPP Application will **not** be eligible for cost share.
- 3. 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 Arkansas Department of Agriculture Forestry Division herein shall cease.

Division Obligations

- 1. Ensure that all pages of this SPBPP Project Plan and Application is properly completed and signed.
- 2. 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.
 - a. 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.
- 3. Visit the property upon completion of the project to conduct a final assessment and to finish the SPBPP Project Completion Summary. After the site visit, this completed SPBPP Project Plan and Application, SPBPP Project Completion Summary, W-9, and any paperwork that documents project expenses (such as invoices) will be sent 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.

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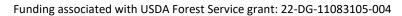




		Applicant Lar	ndowner	Information					
Full Name:									
Address:									
	Street Address					Apartment/Uni	it #		
	City				State	ZIP Code			
Phone:			Email:						
County:	District:	GPS Location	- n (in decim	nal degrees).					
county.	District.	GI 3 Location	i (iii acciii	iai acgi ccs).					
		Applicant La	ndowno	r Canditians					
1 Inform	the Division in advance	Applicant La			roo to comple	to the project l	by Lung		
	the Division in advance. 5. After this deadline, the	•	-	_	•		-		
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comple									
	e the legal owner or ha	•				•			
	ust assume responsibiline Division the right to e	•				•			
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I have read a	and comply with the above	conditions:							
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	Cost Share Alle	ocation (<i>To Be Co</i>	mnlotoc	l Only by the	Forestry Divis	ion)			
The followin	g is the practice and cost sl				-				
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					\$	\$			
Logger Incer	ntive (allowable for FCT and								
The above	• • • • • • • • • • • • • • • • • • • •	oval (<i>To Be Com</i>	-		_	• .			
•	roject is approved and, if p ayments offered by the Fo			-	escription & Pl	an, will qualify for			
	SPBPP I	Program							
	Man	ager:							
	Da	ate:							

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Project Description and Plan

<u>Please att</u>	ach a p	<u>rinted map of th</u>	<u>e tract via FA</u>	RS – Fire & Activity	Reporting Sy	<u>'stem</u>	
SPBPP Pra	actice R	ecommendation	າ:				
Pine BA (ft²	per acre)	Prior to Project:		Recommended BA:		<u> </u>	
Recommend	ded BMP:	s: 					
Other Fores Consideration recommended thinning or	ons (inclu lations fo	de r non-commercial					
Consulting F		t determined):					
Address:							
	Street A	ddress				Apartment/Unit	t #
	City				State	ZIP Code	
Logger (leave blank		t determined):					
Address:							
	Street A	ddress				Apartment/Unit	t #
	City				State	ZIP Code	
Application Plan Prepa			Title:			Date:	
Approval i	f the abo	ve plan was not pre	epared by a Regi	istered Forester:			
For	ester:		Title:			Date:	