

Oregon Department of Forestry  
APPLICATION FOR COST-SHARE

Control # \_\_\_\_\_

**COST-SHARE PROGRAMS**

Which cost-share program are you applying for?

\_\_\_\_\_ #1 - Regular Stewardship Plans  
\_\_\_\_\_ #2 - Forest Land Enhancement Program (FLEP)

\_\_\_\_\_ #3 - \_\_\_\_\_  
(Name of program)

**LANDOWNER INFORMATION (please print)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(where grant payment is to be mailed)

City, State, Zip: \_\_\_\_\_

SSN or EIN \_\_\_\_\_  
(Needed for payment. If a married couple are the landowners, specify whether this is the husband or wife's SSN.)

Do you have a forest stewardship plan? YES  NO

Do you own more than 5,000 acres of eligible forestland in the United States or any U.S. territory or possession? \_\_\_\_\_

**PHONE NUMBERS**

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Message/cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**PROPERTY LOCATION**

Address if different from mailing address above: \_\_\_\_\_

County \_\_\_\_\_

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Tax Lot \_\_\_\_\_

**PROPOSED PROJECT**

Description of the proposed project including estimated acreage:

(For example: *Precommercially thin approximately 12 acres to improve forest health and reduce fire hazard.*)

If approved, I plan to start the practice: \_\_\_\_\_  
(date)

I plan to complete the practice: \_\_\_\_\_  
(date)

**LANDOWNER'S REQUEST**

I request cost-share assistance to meet the objective of the grant indicated above. This practice would not be performed without Federal cost-sharing. If cost-sharing is approved for the practice requested, **I agree to refund all or part of the funds paid to me as determined by the Approving Official if, before expiration of the specified practice lifespan of 10 years, I (a) destroy the approved practice, or (b) voluntarily relinquish control or title to the land on which the approved practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its lifespan.** I have not yet started this practice and I understand that if I begin the practice before receiving written approval I may be denied funding. I authorize a representative of ODF to have access to the practice site area.

I certify that I/my organization have not treated more than 1,000 acres with FLEP cost-share funds this federal fiscal year on any lands in the US or its territories and I/my organization has not received more than \$100,000 in FLEP cost-share payments since the program began.

\_\_\_\_\_  
Landowner's signature

\_\_\_\_\_  
Date

*This program or activity will be conducted on a nondiscriminatory basis without regard to race, color, religion, national origin, age, sex, disability, political affiliation, sexual orientation, or marital or family status.*

**Oregon Department of Forestry  
PRACTICE APPROVAL & PAYMENT APPLICATION**

**PRACTICE APPROVAL  
By Stewardship Forester**

**COMPLETION CERTIFIED  
By Stewardship Forester**

**PRACTICE** (such as FLEP-2, Afforestation): \_\_\_\_\_

Code	Components Approved	Rate per Unit	# of Units Approved	Amount Approved	Units Completed	Landowner Cost	Payment Amount
Total amount approved:					Total payment amount:		

**STEWARDSHIP FORESTER APPROVAL**

Your REQUEST FOR PROGRAM cost-sharing to perform the practice shown above is approved for the land identified on the Application for Cost-Shares and project plan map. If you decide not to perform this practice, or if you cannot complete it by the expiration date, please notify in writing the Stewardship Forester at once. Upon certification of practice completion by the Stewardship Forester, payment shall be made within 30 days.

\_\_\_\_\_  
Stewardship Forester's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Stewardship Forester's phone number

Practice Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
Stewardship Forester's E-mail address

**LANDOWNER COMPLETION**

To receive payment or credit for completion of this practice, answer the two questions below. Date and sign the Certification below. Return this form to the Stewardship Forester by the Practice Expiration Date above.

- ➔ 1. Did you bear all the expense (except for program cost-sharing) for performing this practice? (If No, report name(s) and address(es) of other person(s) or agency who bore any part of the expenses. Also show kind, extent, and value of their contribution.) YES  NO
- ➔ 2. During the current fiscal year Oct. 1 - Sep. 30, do you have any interest, direct or indirect, in any entity that is or will be receiving a payment under this cost-share program? (If Yes, report the program name and amount of each.) YES  NO

CERTIFICATION BY LANDOWNER: I certify that the above information is true and correct. I further certify that the Units Completed shows that the practice was performed in accordance with the practice specifications and other program requirements. I hereby apply for payment to the extent that the Stewardship Forester has determined that the practice has been performed. I agree to maintain this practice for at least **10** years following the year the practice is completed. I agree to refund all or part of the cost-share assistance paid to me as determined by the State Forester, if before the expiration of the practice lifespan specified above, I (a) destroy the practice installed, or (b) voluntarily relinquish control or title to the land on which the installed practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its specified lifespan.

\_\_\_\_\_  
Landowner's signature

\_\_\_\_\_  
Landowner name (printed)

\_\_\_\_\_  
Date

**STEWARDSHIP FORESTER CERTIFICATION OF PRACTICE COMPLETION & COST-SHARES EARNED**

The practice was completed according to specifications in the practice plan. The Units Completed and Payment Amount are shown in the above table.

\_\_\_\_\_  
Stewardship Forester's signature

\_\_\_\_\_  
Date

Partial Payment		
SF initial	Date	Amount
SF initial	Date	Amount