



Oregon Department of Forestry
APPLICATION FOR COST-SHARE

Control # _____

Project-Phase # _____ - _____

COST-SHARE PROGRAMS

Which cost-share program are you applying for? (check one)

- Cost-share program options: Oregon Forest Management Plan, Bark Beetle Mitigation, Other (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's or wife's SSN.)

PHONE NUMBERS

Home: _____

Work: _____

Message/cell: _____

E-mail address: _____

Do you have a forest stewardship plan or other forest management plan? Yes No If yes, how old is the plan? (years)

Do you own more than 5,000 acres of eligible forestland in the United States or any U.S. territory or possession? Yes No

PROPERTY LOCATION

Address if different from mailing address above: _____

County _____

Township N/S Range E/W Section Tax Lot (Attach Tax Lot Map with project area outlined)
Site Latitude: deg. min. sec. Site Longitude: deg. min. sec. (Latitude / Longitude point is center of project site)

PROPOSED PROJECT DESCRIPTION (including estimated acreage)

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

LANDOWNER'S REQUEST, AGREEMENT, ACKNOWLEDGEMENT, AND AUTHORIZATION

- I request cost-share assistance to meet the objective of the grant indicated above. This practice would not be performed without Federal cost-sharing. 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 understand that funding is not assured if practice is completed after the Funding Expiration Date.
I agree to comply with all applicable federal, state, and local laws, codes, regulations, rules, and orders. I also assume sole liability for breach of conditions of the grant and shall, upon breach of the grant conditions that causes or requires the State of Oregon to return funds to the grantor, hold harmless and indemnify the State of Oregon for an amount equal to the funds which the State of Oregon is required to pay to me.
I acknowledge that all records and documents retained by Oregon Department of Forestry (ODF) related to this project may be subject to public disclosure under Oregon laws.
If the project involves a landowner's forest management plan, it is ODF procedure to refer inquiries regarding a specific plan to the landowner in question. However, it is possible that the information in your plan that is in the ODF's possession could be subject to a formal request for public disclosure. While the plans are not publicly disclose-able in most instances, Oregon public records law requires the ODF to consider any requests for disclosure on a case-by-case basis.
I authorize a representative of ODF to have access to the practice site area.

Maintenance Period (specified by applicable grant): 10 Yrs Other _____

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 practice maintenance period specified below, I (a) destroy the completed practice, or (b) voluntarily relinquish control or title to the land on which the completed 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.

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**

Control # _____

Priority (circle)	
High	Potential

PRACTICE (Number/Name): _____ / _____

**PRACTICE APPROVAL
By Stewardship Forester**

**PAYMENT APPLICATION
By Stewardship Forester**

Component Code	Components Approved	Rate per Unit	# of Units Approved	Amount Approved
Total amount approved:				

Units Completed	Landowner Cost	Payment Amount
Total payment amount:		

STEWARDSHIP FORESTER APPROVAL (Attach project plan, specifications, and map)

Your REQUEST FOR PROGRAM cost-sharing to perform the practice shown above is approved for the land identified on the Application for Cost-Share 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 45 days.

Stewardship Forester's name (please print)

Date

Stewardship Forester's phone number

Stewardship Forester's E-mail address

Funding Expiration Date →

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 Funding Expiration Date above.

- 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 that bore any part of the expenses. Also show kind, extent, and value of their contribution.)
 Yes No
- 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.

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 / print name

Date

Partial Payment

SF initial	Date	Amount
SF initial	Date	Amount

This funding was made possible through a grant from USDA Forest Service or USDI Bureau of Land Management