



FORESTRY COST-SHARE FUNDING APPLICATION **PROGRAM NAME:** _____ **APP#** _____

1) Landowner name, address, phone and email <input type="checkbox"/> Power of Attorney - Name: _____	2) Type Individual <input type="checkbox"/> *Joint Owner <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> LLC <input type="checkbox"/> Trust <input type="checkbox"/>	3) Tract Name Latitude ____ : ____ . ____ Longitude ____ : ____ . ____	4) District 6) Fiscal Year	5) County 7) Soc. Sec./Federal Tax ID	Distribution: Sent for Funding: _____ Sent for Payment: _____
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1a) Consultant/Agent name, address, phone and email _____ _____ _____	*2a) If joint ownership, list additional owners: _____ _____ _____	The N.C. Forest Service is a division of the N.C. Department of Agriculture & Consumer Services  Steve Troxler, Commissioner 
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PRACTICES NEEDED			PERFORMANCE REPORT					18) I certify that work has been performed satisfactorily and meets requirements of the approved Forest Management Plan
8) Description of Practices	9) Acres Needed	10) Prevailing Rate	14) Acres Completed	15) Date Completed	16) Total Cost of Work Completed		17) Actual Total Cost/Acre	
					By NCFS	By Others		
TOTAL ACRES								

****A completed State of North Carolina Substitute W-9 form will be required, along with all associated invoices for completed practices.**

11) This certifies that I (a) am an eligible landowner and understand that this means a private individual, group, association or corporation owning land suitable for forestry purposes, and where forestland is owned jointly by tenants in common or other type of joint ownership, the joint owners shall be considered as one eligible landowner and (b) I intend to carry out and maintain for 10 years the forestry practice(s) described above and those environmental protection measures related to the practice(s) on land owned by me as outlined in the

Forest Management Plan Approved by _____ on _____.

12) Recapture clause - I agree to refund all or part of the funds paid to me if before the expiration of the 10-year maintenance period I (a) destroy the installed practices, (b) fail to maintain the practices(s) as stated in the Forest Management Plan, or (c) voluntarily relinquish control or title to the land on which the installed practice(s) were established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice(s) for the remainder of the maintenance period.

13) I have not yet started this practice(s) and, I understand that if I begin the practice(s) before receiving written approval to do so, I will be denied funding. I further understand that any statement certified by me or my Agent with Power-of-Attorney in this application and later found to be false will result in forfeiture of all funds to which I have been approved and repayment of any funds received under terms of this contract.

 Signature of Landowner or Representative Title (Seal) Date _____
 Signature of NCFS Forester/Representative (Seal) _____

 Date Date