



## Two Rivers Plus JPB Forest Stewardship Plan Cost-Share Contract



### General Information

Organization <b>Two Rivers Plus Joint Powers Board</b>	Contract Number <b>__WBF 22-__</b>	Other federal or other state funds? Yes <input type="checkbox"/> No <input type="checkbox"/>	Amendment Board meeting date(s):	Canceled Board meeting date:
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\*If contract amended, attach amendment form(s) to this contract.

### Applicant

Landowner Name	Mailing Address	City/State/Zip
Phone:	Or Cell Phone:	Email (Opt):

I hereby apply for Forest Stewardship Plan Cost-Share for the following land(s) that I own:

Parcel ID (PIN)	Estimated Total Acres	Estimated Wooded Acres	County(s)	Township(s) Name	Section(s)

➤ Do you have an existing Forest Stewardship Plan for the above acres?      Yes      No

If yes, what year was it written or last updated? \_\_\_\_\_

### Initial the Following

1. I understand that I may be charged a fee to enroll into SFIA by the County Recorder. \_\_\_\_\_
2. I understand that I will be charged a registration fee (\$50 payable upon receiving invoice from an approved plan writer) for my stewardship plan. \_\_\_\_\_
3. I understand that I must hire a private forester who must be a certified plan writer and that I may not receive other sources of state compensation for their services. \_\_\_\_\_
4. I understand that I will be charged a fee from the forester for my stewardship plan. \_\_\_\_\_
5. I understand that I won't know the final cost for my plan until the forester has the opportunity to look at my property to determine the eligible acres. \_\_\_\_\_
6. I understand that the total reimbursement for my plan is 75% of (\$300 + \$7/planned acre), not to exceed 640 acres. \_\_\_\_\_

### Contract Information

1. This contract, when approved by the organization board or council, will remain in effect for **three (3) years** unless canceled or amended by mutual agreement, except where stewardship plans covered by this contract have not been completed by **10/31/24 (date)** in which case, this contract will be automatically terminated on that date.
2. The Organization takes no responsibility in how this stewardship plan affects other programs the landowner may be enrolled in.

Commented [FM(1): Organization (since the contract is with the JPB)?

## Signatures

The land occupier's signature indicates agreement:

1. That they are not currently receiving any other state or federal funds for the Forest Stewardship Plan writing.

Date	Landowner
Date	SWCD Representative

\*Eligible parcels must be wooded and total at least 20 contiguous acres.

## Conservation Activity: Planning and Assessment

Cost-share payment is requested for: Forest Stewardship Plan

## Technical Assessment and Cost Estimate

Practice standards or eligible component(s) Forest Stewardship Plan	_____ Total Acres	Total Project Cost Estimate \$
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## Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial incentive.

Amount	Program Name	Fiscal Year
	Forest Management Program (TRP WBIF)	2022

Board Meeting Date	Authorized Signature	Total Amount Authorized \$
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