



Southern Pine Beetle Prevention Program - Joint Chief's Landscape Restoration Project
Application for Cost-Share for First Thinning of Pine Stand Applicant Information

Name Address Phone Number

County TFS Block/Grid Latitude Longitude

TFS Forester Name: _____

Consulting Forester Name (If Involved): _____

Applicant Request

I hereby request federal cost-share funds for treatment(s) listed below:

Total Acres Owned _____ Total Acres to be Treated _____

Is Property Owned by Partnership/Trust: _____ Yes _____ No

Total Cost-Share Requested for Thinning (\$50/Acre)¹ \$ _____

Consulting Forester Fee (If Involved) \$ _____ (50% of consulting fee, not to exceed \$5/acre)

Applicant Signature Date

TFS Forester Signature Date

Project Manager Signature Date Application Approved

Expiration Notice

All Treatments Must be Completed and Reported to TFS Forester by: _____

Expiration Date²

Applicant's Certificate of Completion

I hereby apply for cost-share funds for the treatment(s) verified by the TFS Forester as completed and I certify that the cost and/or tonnage reports submitted are true and correct.

Applicant Signature Upon Completion

Date

Completion Summary

Date Completed

Acres Treated

Tons of Pulpwood Removed³

TFS Forester Signature Upon Completion

Date

This Section to be Completed by Program Manager

Cost-Share Payment Summary

Thinning Cost-Share (\$50/acre): \$ _____

Consulting Forester Cost-Share (50% of consulting fee, not to exceed \$5/acre): \$ _____

Total Cost-Share Due (not to exceed \$5,000/landowner): \$ _____

Project Manager Signature

Date Approved for Payment

¹ Total Cost-Share funds cannot exceed \$5,000 per landowner per fiscal year (e.g. October 1 – September 30)

² To be completed by Program Manager

³ Scale tickets and/or load tickets must be submitted to verify tonnage removed

Submit signed application (TFS-SPB 1) along with Form TFS-SPB 2 and applicable maps, W-9 and signed Terms and Conitions to:

**Program Manager
c/o Aldyth Lewis
Texas A&M Forest Service
200 Technology Way, Ste. 1281
College Station, TX 77845**



Southern Pine Beetle Prevention Program Treatment Plan - Joint Chief's Landscape Restoration Project

Applicant Information

Landowner Name _____ County _____ TFS Block/Grid _____

General Location of Tract to be Treated (Attach location map and tract map with treatment area delineated)

TFS Forester Name: _____

Consulting Forester Name (If Involved): _____

Has Landowner Been Approved for SPB Cost-Share Funds Previously? _____ Yes _____ No

If Yes, Please List Previous Case Number(s) _____

Stand Description

Total Acres to be Treated _____

Species _____ Percent (%) Pine _____ Stand Age _____

Average Stand Height (ft) _____ Average Stand DBH (in) _____

Basal Area Before Thinning (sq. ft/ac) _____

Basal Area After Thinning (sq. ft/ac) _____

Landform (Check One): Bottomland/Flatwoods Side Slope Ridge or Upland

SPB Stand Hazard Rating (See TFS Hazard Rating Map)

Extreme High Moderate Low Very Low Unknown

Description of Proposed Treatment and Methods:

All Texas Best Management Practices for Silvicultural Operations Must be Followed

Applicant Signature

Date

TFS Forester Signature

Date

¹ To be completed by Program Manager

Submit signed TFS-SPB 2 and maps with application (TFS-SPB 1), W-9 and signed Terms and Conditions to:

**Program Manager
c/o Aldyth Lewis
Texas A&M Forest Service
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