

Two Rivers Plus JPB Forest Stewardship Plan Cost-Share Contract



General Information

Organization	Contract Number	Other federal	or other	Amendment	Canceled
Two Rivers Plus Joint Powers Board	RWBF	state funds? Yes No		Board meeting date(s):	Board meeting date:
*If contract amended, attach amendment form(s) to this contract. Applicant		•		•	•
Landowner Name	Mailing Address		City/State/Zip		
Phone:	Or Cell Phone:		Email (Opt):		
hereby apply for Forest Stewardship	Plan Cost-Sha	re for the fol	lowing la	nd(s) that I own:	
Parcel ID (PIN)	Estimated Total Acres	Estimated Wooded Acres	County(s)	Township(s) Name	Section(s)
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	tten or last upua				
I understand that I may be charged a fe	e to enroll into SI	FIA by the Cou	nty Record	er	
I understand that I will be charged a reg stewardship plan	gistration fee (\$50	0 payable upoi	n receiving	invoice from an approved	plan writer) for my
3. I understand that I must hire a private f state compensation for their services.		t be a certified	l plan write	er and that I may not recei	ve other sources of
4. I understand that I will be charged a fee	from the foreste	er for my stew	ardship pla	n	
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 **10/31/27 (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.

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

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)		Total Project Cost Estimate
508M Forest Stewardship Plan	Total Acres	\$

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
		•

^{*}Eligible parcels must be wooded and total at least 20 contiguous acres.