



FOREST LAND ENHANCEMENT PROGRAM

Cost Share Application Form



Name _____ SSN _____

Address _____

Tax parcel ID # _____

Telephone (H) _____ (W) _____

Location of property _____

Stewardship plan author _____ Plan date _____

To be completed by your service forester:

Practice description _____ Practice acres _____

Practice location _____

Estimated practice cost _____ Maximum cost share amount payable _____

of trees per acre (where applicable) _____ Species (where applicable) _____

Anticipated project completion date _____ Practice must be completed no later than _____

I request cost-share assistance under the Forest Land Enhancement Program (FLEP) to meet the objective described above. This practice would not be performed without Federal cost-sharing. If cost-sharing is approved for the practice requested, I agree to maintain the practice for a minimum period of ten years. If, before expiration of the specified ten-year period, I (a) destroy the approved practice, or (b) voluntarily relinquish control or title to the land on which the approved 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 life span, I will refund all or part of the funds paid to me as determined by the Delaware Forestry Administrator. 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 I will receive an IRS Form 1009-G for the cost-shares that I receive, and that I may have to include said amount in my gross income for income tax reporting purposes.

Landowner signature _____ **Date** _____

Witness:

Service forester signature _____ **Date** _____

Service forester name & address _____

To be completed by your service forester after the practice is installed:

I certify that the above cost-shared practice was properly established according to accepted silvicultural procedures and that the landowner is eligible to receive the requested cost share-payment.

Service forester _____ Date _____

Payment date _____ Check number _____ Date mailed or delivered _____