

# Roseau River Watershed JPB Forest Stewardship Plan Cost-Share Contract



## **General Information**

Organization	Contract Number	Other federal	or other	Amendment	Canceled	
RRW Joint Powers Board	RR FMP 23-	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	5		City/State/Zip		
Phone:	Or Cell Phone:	Or Cell Phone:		Email (Opt):		
hereby apply for Forest Stewardsl	nip 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				s? Yes No		
Initial the Following						
1. I understand that I may be charged	a fee to enroll into S	FIA by the Cou	nty Record	ler		
I understand that I will be charged a stewardship plan	a registration fee (\$5	0 payable upoi	n receiving	invoice from an approved	plan writer) for my	
3. I understand that I must hire a priva state compensation for their service		st 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	. I understand that I will be charged a fee from the forester for my stewardship plan					
	. 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 reimburse	I understand that the total reimbursement for my plan is 90% of the certified plan writer's invoice, not to exceed \$5454.					

## **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 **10/31/25 (date)** in which case, this contract will be automatically terminated on that date.
- 2. The JPB 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

<sup>\*</sup>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)		Total Project Cost Estimate
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 (RR WBIF)	2023

Board Meeting Date	Authorized Signature	Total Amount Authorized \$
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