



Forest Stewardship Plan Cost Share Agreement

Applicant Name	Home Phone	Cell Phone
Mailing Address (Street or Box, City, State, Zip Code)		
Email Address (optional):		

I hereby apply for a stewardship plan for the following land(s) that I own:

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

➤ Do you have an existing Forest Stewardship Plan? Yes No

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

Initial the Following

- I understand that I may be charged a fee to enroll into SFIA by the County Recorder _____
- I understand that I will be charged a registration fee (\$50 payable upon receiving invoice from DNR) for my stewardship plan. _____
- I understand that I must hire a private forester from the list of approved plan writers, and that I may not receive other sources of state compensation for their services. _____
- 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. _____
- I understand that the total reimbursement for my plan is **\$300 + \$6.50/planned acres** not to exceed 320 acres or 100% of the total cost _____

(OVER)

I, as the landowner, am asking for a stewardship plan and agree to pay the fee for the creation and delivery of the stewardship plan.

Contract end date, unless amended, _____.

Applicant Signature	Date
SWCD Signature	Date

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