



WoodsWISE

Incentives to Stewardship Enhancement



Forest Management Planning – Claim for Payment

Forest Management Planning is made possible through the USDA Forest Service's Stewardship Program.

Landowner:

PAYEE Name: _____

Address: _____

Social Security OR Federal ID #: _____ (required)

I am hereby making claim for cost-share payment under the WoodsWISE program for (*check one*):

- FMP-1a Development of a New Forest Management Plan (10-50 wooded acres)
- FMP-1b Development of a New Forest Management Plan (51+ wooded acres)
- FMP-2 Amendment of an existing Forest Management Plan
- FMP-3 Expansion (in area) of an existing Forest Management Plan
- FMP-4a Periodic Update of a Forest Management Plan (10-50 wooded acres)
- FMP-4b Periodic Update of a Forest Management Plan (51+ wooded acres)

The plan was prepared by _____ (*Stewardship Forester*)
on _____ (*date*) for _____ wooded acres in the town of _____.

Landowner signature(s) _____ Date _____

Objectives: (1st) _____ (2nd) _____
(3rd) _____ (4th) _____

District Forester:

Plan meets MFS standards: _____ Yes _____ No

Documentation complete/acceptable: _____ Yes _____ No

Total property acres: _____

Total forester acres: _____

Total plan cost: _____

District Forester signature: _____

Cost-share payment authorized:

Signature of Division Director:

Date _____