



# Invasive Plant Management Program

## Invasive Plant Control Practice Plan – Claim for Payment

*Invasive Plant Control Practice Planning is made possible in part by the USDA Forest Service's Landscape Scale Restoration Program*

**Landowner Name (Payee):** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**If the Landowner Payee name or address is different from the name or address on the original Application Form, please contact the Maine Forest Service.**

I am hereby making claim for cost-share payment under the Maine Forest Service Invasive Plant Management Program for an Invasive Plant Control Practice Plan prepared by:

\_\_\_\_\_ (Plan Preparer's name) on \_\_\_\_\_ (date)

for \_\_\_\_\_ surveyed acres on \_\_\_\_\_ (tax map & lot #s)

in the town of \_\_\_\_\_.

Landowner signature(s) \_\_\_\_\_ Date \_\_\_\_\_

-----  
**[For Maine Forest Service use only]**

District Forester name: \_\_\_\_\_

Plan meets program standards:  Yes  No

Documentation complete/acceptable:  Yes  No

GIS information verified (date): \_\_\_\_\_

Total property acres: \_\_\_\_\_

Total forested acres: \_\_\_\_\_

Total surveyed acres: \_\_\_\_\_

Total plan cost: \_\_\_\_\_

District Forester signature: \_\_\_\_\_ Date \_\_\_\_\_

<p>Cost-share payment authorized:</p> <p>_____</p> <p>Signature of Division Director:</p> <p>_____ Date _____</p>
---