Claim-for-Payment & Affidavit

Instructions:

- Submit the digitally completed form to WWRP.DACF@maine.gov and your District Forester via their email address
    - Electronically submitted forms **MUST** be a PDF
    - Paper copies should be mailed to 22 State House Station, Augusta, ME 04333, care of the WoodsWISE Resilience Program
    - Type or print answers clearly
- Include a copy of proof of payment with this paperwork
- The *Landowner Name* and *Mailing Address* **MUST** match the information provided on your W-9, or payment will be delayed
    - Payment can only be issued to a single landowner

Incorrect paperwork will be returned. Examples of incorrect paperwork include submissions with multiple landowner names, illegible writing, or photos of forms. We appreciate your help in keeping the payment process running smoothly. Payment may take up to one month to be mailed after paperwork has been processed.

Landowner Information:

Landowner Name:_____

Mailing Address:_____

_____

State of Maine Vendor Code: _____

Property Address, if different from above:_____

_____

I am hereby making a claim for payment under the WoodsWISE Resilience Program for (select one):

_____ Practice Plan Development

_____ 50% of Project Complete (only projects 5+ acres in size are eligible)

_____ Project Compete

Project Information:

Resilience Forester who prepared the plan and has/will oversee practice implementation:

_____

Date on Maine Forest Service approval letter: _____

# of forested acres included in the plan: _____

Practice(s) included in the Practice Plan:_____

Reimbursement requested ($):_____

Total amount of funding approved ($): _____

Amount paid for plan creation and/or project implementation ($): _____

Landowner, by signing this form:

- You confirm you received the program approval letter from the Maine Forest Service for the proposed work
- You understand that the approved practice(s) must be completed to retain any funding received through the WoodsWISE Resilience Program
- You also understand that funding may be considered taxable income
- You will retain financial records, including proof of payment, for a minimum of 10 years
- You have provided proof of payment for services rendered with your claim-for-payment documents

Landowner Signature:_____

This must be a wet signature or an official digital signature.

Date:_____

Forester, by signing this form:

- You confirm that the practice plan and practice implementation, if relevant for this payment request, did not begin until after receiving the Maine Forest Service program approval letter.
- You certify that you have been paid in full for services rendered

Resilience Forester Signature:_____

This must be a wet signature or an official digital signature.

Forester License #:_____

Date:_____

Proof of payment for reimbursement in Maine Forest Service programs consists of:

1. A copy of a cancelled check (both sides) and the check #(s) used for payment

   OR

   A similar written record generated by the bank clearly showing funds in a given amount have been transferred from the landowner to the forester or contractor.

2. An invoice for services rendered signed by the forester

3. For work completed by the landowner, include a copy of the hourly log signed by the forester

4. For supplies used by the landowner, include a copy of receipts

This Affidavit may be submitted in lieu of the above documents if they are not readily obtainable. Check number(s) are required information. If this Affidavit is submitted in lieu of proof of payment, the landowner must be able to show actual proof of payment upon request from the Maine Forest Service.

If payment is made in a form other than a check, a notarized statement signed by the forester asserting that payment has been received, and identifying the type and dollar value of payment, may substitute as proof of payment.

In all cases, MFS reserves the right to request additional documentation.

Funding for the WoodsWISE Resilience Program is made possible by the USDA Forest Service Landowner Support Program.

Maine Forest Service Review:

A Close Out Site Visit was completed for the property:

Yes_____ No_____

No, payment for plan only_____

Implementation follows the approved Practice Plan and budget:

Yes_____ No_____

No, payment for plan only_____

Payment can proceed:

Yes_____ No_____

Date:_____

DF or LOF Signature: _____

Program Payment Authorization:

Payment approved by:

Amount: