

 <p>GREATER FLAGSTAFF FORESTS PARTNERSHIP WWW.GFFP.ORG</p>	<p align="center">LANDOWNER COST-SHARE PROGRAM</p> <p align="center"><u>APPLICATION</u> <i>Effective Oct 2010 until revised</i></p>
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PURPOSE: Funds are available to thin or otherwise treat privately owned forestland, with the goal of improving individual tree vigor and health and reducing wildfire threat. Funds are not to be used to rake and dispose of pine needles, prune trees, or otherwise dispose of pre-thinning/treatment debris.

DATE SUBMITTED: _____ **ACREAGE:** _____

APPLICANT (First & Last name): _____

MAILING ADDRESS: _____

PROPERTY LOCATION: _____
If different from mailing address (*Address or legal description*)

PHONE(S): _____
Home Work Cell

EMAIL: _____

OPERATIONAL GUIDELINES:

1. Eligibility standards, qualifying activities, and maximum cost-share reimbursable amount will vary depending upon grant program.
2. Owner may contract with a vendor, or may do the approved work themselves. If owner does the work, an invoice should be submitted that includes the cost of all necessary operating supplies (including receipts) plus the number of personal hours (payable at \$10/hr) spent while engaged in the effort. Once an invoice is received and approved, owner will be reimbursed for the agreed portion of the expenses incurred.
3. Work will not be initiated and/or completed without the approval of the application by the Greater Flagstaff Forests Partnership's Board of Directors.
4. All private lands within the boundaries of the *Greater Flagstaff Community Wildfire Protection Plan (CWPP)* are eligible (see: http://www.gffp.org/images/GFFP_Treatment_map_09.jpg).
5. Owner must complete all approved work and submit receipts/proof-of-payment and other documentation before reimbursement request will be processed.

SIGNATURE (required): _____
Signifies acceptance of the Operational Guidelines listed above.

RETURN COMPLETED APPLICATION TO: **Greater Flagstaff Forests Partnership**
1300 S. Milton Ave, #209
Flagstaff AZ 86001

GFFP BOD Use Only:

Application: Received _____ **Reviewed** _____

Status: **Approved** **Modified** **Rejected**

Funding: **SFA** **WBBI** **WFHF** **Other (_____)**