

For Office Use

Application Number: _____ Date Received: _____

**Forest Health and Wildfire Safety –
Technical Guidance and Financial Assistance Program**



SEND TO: Montana State University Extension - Gallatin County
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FOR MORE INFO: <http://www.msueextension.org/gallatin/naturalresources.html>

APPLICATION DEADLINE: JUNE 2017

Applications will be reviewed upon receipt

**Projects need to be contracted with MSU Extension within 6 months of application date,
and completed within one year of contract date**

1) APPLICANT INFORMATION

Name:			
Email Address:			
Mailing Address:			
City:	State:	Zip:	Phone:
Physical Address of Property:			
Contact Person:			
I would like to receive paperwork through: <input type="checkbox"/> mail <input type="checkbox"/> email			
How did you hear about the Program:			

2) PROJECT INFORMATION

Total Acres to Treat:	Total Acres of Land Owned:
Brief Project Description:	
Other projects (Dream big, I will use this to develop future cost share programs):	

- 3) Would the thinning, pruning and slash disposal be completed by:
 Yourself; A Contractor, or Both yourself and a contractor
- 4) Are your neighbors interested in doing similar forest management? Yes; No
Projects that include two or more adjacent landowners may qualify for a larger cost share percentage. If you answered yes, how can we contact your interested neighbors?
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- 5) Is your project adjacent to common property or public land? Yes, No
If so, has that property been thinned, harvested, or had the forest fuels reduced in some manner?
 Yes, No

- 6) Is your property a current Tree Farm? Yes, No

- 7) Does the property have a current forest management plan through MSU Extension, Natural Resource Conservation Service, or private consultant? Yes, No

- 8) Has previous forestry fuels reduction occurred on the property? Yes, No
If so, did previous forestry fuels reduction utilize cost share funds through Gallatin County? Yes, No

- 9) Are you willing to meet the treatment specifications necessary to reduce the fire risk of your property by thinning to an average of 10 feet between crowns of trees, pruning up to 8 feet or 1/3 the height of the tree, whichever is less and treating all of the slash?
 Yes, No

- 10) Are there any special restrictions on developing forest products (e.g. firewood, wood chips, restoration material, lumber/logs, or post and poles)? Yes, No

- 11) Are there any special considerations we need to know about on your land that may limit the ability to meet the treatment specifications (e.g., HOA restrictions, conservation easement, special landowner desires, etc.)? _____
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- 12) **Create a map of your property:** use the following tools
<http://maps.google.com>, <http://gis.mt.gov> - Include on the map: streams/wetlands, access locations, interested neighbors (if any). Attach map to application.

- 13) Any additional notes?
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AUTHORIZING STATEMENT

I/We hereby declare that the information and all statements attached to this application are true, complete and accurate to the best of my/our knowledge.

Applicant(s) Signature _____ Date _____

Following our review of your application we will schedule a site visit. The site visit will help us develop your application further.

Date of site visit: _____

Site visit conducted by: _____
Signature _____ Date _____

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The funding for this project is derived in full or in part from a federal award of the U.S. Forest Service, Department of Agriculture, sub awarded by the Montana Department of Natural Resource and Conservation, Forestry Division