



Florida Department of Agriculture and Consumer Services
Florida Forest Service



SOUTHERN PINE BEETLE ASSISTANCE AND PREVENTION PROGRAM APPLICATION

NICOLE "NIKKI" FRIED
COMMISSIONER

LANDOWNER INFORMATION: (please print)

Name: _____ Email (optional): _____
Last Name, First Name M.I. (or IRS name of entity)

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ FFS Forester Name: _____

SS# or FEID# (check one): _____ (Required to by 26 U.S.C. 6109 to confirm that landowner's vendor information has been received by the Department of Financial Services; this number will be blacked out before this document is scanned, copied, or stored.)

PROPERTY LOCATION: County: _____ S-T-R: _____ - _____ - _____ Lat: _____ Long: _____

PROJECT DESCRIPTION:

| PROJECT DESCRIPTION: | | | | | | | | Fill in this section <u>after</u> practice is completed | | | | | | | |
|--------------------------|---|------------------------|-----------------------|---------------------|------------------------------|-----------------|-----------------------------|---|---------------------------------------|---------------------|-------------------------|----|-----|----|----|
| Check 1 or 2: | Practice | Initial stand stocking | Final stocking target | Acres to be treated | No. of seedlings to purchase | Cost-share rate | Payment initially requested | Total acres treated | Tons harvested or seedlings purchased | Total cost incurred | Final payment requested | | | | |
| <input type="checkbox"/> | First pulpwood thin | ft ² /ac | ft ² /ac | | N/A | \$ /ac | \$ | | tons | N/A | \$ | | | | |
| <input type="checkbox"/> | Prescribed burn | N/A | N/A | | N/A | \$ /ac | \$ | | N/A | \$ | \$ | | | | |
| <input type="checkbox"/> | Mech. underbrush | ft ² /ac | N/A | | N/A | \$ /ac | \$ | | N/A | \$ | \$ | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> Longleaf seedlings <input type="checkbox"/> Slash seedlings cont. ___ bareroot ___ | N/A | | | | \$ | | | | \$ | \$ | | | | |
| | Planting method: machine ___ hand ___ | | | | | N/A | \$ /ac | | | | | \$ | N/A | \$ | \$ |
| | <input type="checkbox"/> Herbicide control | | | | | N/A | \$ /ac | | | | | \$ | N/A | \$ | \$ |

TOTALS (payment requested not to exceed \$10,000): _____ ac _____ \$ _____ ac _____ \$ _____ \$ _____

Predominant pine species: _____ Stand Age: _____ yrs Planned time of treatment (month/yr): _____

Other Specifications: _____

*Attach to this application: a tract map that meets ALL specifications and requirements listed in the SPB Assistance and Prevention Program Technical Guidelines booklet Appendix 3.

INITIAL PROJECT APPROVAL:

By signing this document I certify that I have read and agree to all program requirements and covenants listed on the back of this application.

Participating Landowner: _____ **Signed:** _____ **Date:** _____

Check all that apply:

I have a current Forest Stewardship Plan, Tree Farm Certification or consultant-prepared Management Plan on file with a FFS County Forester.

Case Record Number: _____

Tree Farm Certification: _____

FFS Forester Approval: _____ **Signed:** _____ **Date:** _____

SPB Program Coordinator Approval: _____ **Signed:** _____ **Date:** _____

Division of Administration Approval: _____ **Signed:** _____ **Date:** _____

All practices must be completed by this date: _____ **Extended Completion Date (if granted):** _____

FINAL PAYMENT APPROVAL:

I hereby submit to the Florida Department of Agriculture and Consumer Services attached documentation of expenses I incurred during the SPB prevention practice on my property in accordance with program requirements and the completion summary in the table above.

Participating Landowner: _____ **Signed:** _____ **Date:** _____

FFS Forester Approval: _____ **Signed:** _____ **Date:** _____

*I certify that the practice has been completed according to program requirements, and that the information listed above is correct to the best of my knowledge.

SPB Program Coordinator Approval: _____ **Signed:** _____ **Date:** _____

FINANCE AND ACCOUNTING USE ONLY

Account Number: _____ **Amount:** _____ **Approved for Payment:** _____

Financial Officer Signature

Date

SOUTHERN PINE BEETLE ASSISTANCE AND PREVENTION PROGRAM APPLICATION

Please read the Technical Guidelines booklet for a full list and description of all program requirements and procedures.

Summary of Eligibility and Program Requirements

1. Only non-industrial private forest (NIPF) landowners who own at least 5, but not more than 5000, acres of land in Florida are eligible. These may include private individuals or entities, joint owners, non-profit organizations, or corporations that are not wood-using industries and have no publicly traded stock.
2. This program is applicable only for properties located in the following Florida counties: Alachua, Baker, Bay, Bradford, Calhoun, Citrus, Clay, Columbia, Dixie, Duval, Escambia, Flagler, Franklin, Gadsden, Gilchrist, Gulf, Hamilton, Hernando, Holmes, Jackson, Jefferson, Lafayette, Lake, Leon, Levy, Liberty, Madison, Marion, Nassau, Okaloosa, Orange, Pasco, Putnam, Santa Rosa, Seminole, St. Johns, Sumter, Suwannee, Taylor, Union, Volusia, Wakulla, Walton and Washington.
3. Eligible landowners may apply to receive incentive payments or partial reimbursement of actual costs associated with certain approved SPB prevention practices. Payment is made at a standard cost-share rate assigned for each practice and will not exceed \$10,000 per state fiscal year (July 1–June 30).
4. Only one application per landowner is allowed per state fiscal year. If an individual owns land (in full or in part) in the name of more than one legal landowning entity, the application should be made on behalf of only one of those landowning entities per state fiscal year.
5. Practices cost-shared through this program must be conducted on a minimum of 10 contiguous acres (5 contiguous acres for First Pulpwood Thinning) in the state of Florida, all of which are owned in the name of the same landowning entity.
6. Each practice (with the exception of Pine Seedling Establishment) must be applied to an existing pine stand, defined for the purposes of this program as a forest stand (plantation or natural) in which pine species (*Pinus* spp.) constitute at least 70% of the stand's basal area or stem density.
7. Any practices performed before the landowner receives written application approval are not eligible for cost-share reimbursement.
8. Acreages enrolled in the Conservation Reserve Program (CRP), or other programs that may prohibit receipt of federal cost-share funds from more than one source for the same acreage, are not eligible for treatment under this program.
9. Stands established or treated through this program must not be harvested or intentionally destroyed for at least five (5) years after completion of the SPB Prevention Program-funded practice. The only exception to this requirement is for stands (or sections thereof) that must be harvested or salvaged due to a spreading bark beetle infestation, disease infection, wildfire, or other natural disaster. In such cases, the landowner must acquire an on-site authorization from a FFS forester prior to harvest. Failure to abide by this requirement will result in the recapture of cost-share payments.
10. Practices must be conducted in a manner that avoids or greatly minimizes injury to the residual stand. The Florida Forest Service reserves the right to deduct areas with excessive ($\geq 25\%$ of the stand) root injury, trunk injury, crown scorch ($\geq 75\%$ of canopy) or tree mortality from the final payment acreage.
11. Submitting an application to the Florida Forest Service **does not** guarantee project approval for payment, even if the landowner meets all the given criteria. Eligible applications received during the sign-up period will be evaluated, scored and ranked using established criteria to determine which applications can be approved with the available grant funds. Tie scores will be ranked by random order. The SPB Program Coordinator will make final approval recommendations.
12. Cost-shared expenditures must be supported by accurate and legible documentation such as invoices, billing statements, etc. For the First Pulpwood Thinning practice, landowners must only show documentation of volume harvested to the FFS forester, and indicate tons harvested and acres treated on the application.
13. Cost-share or incentive payments are available only for authorized/eligible treatments, verified and certified complete by a FFS forester. On a given application, a landowner may request cost-share funds for one (1) or two (2) of the available practice options described below. Landowners must provide a written justification when applying for certain practices; see the Technical Guidelines booklet for details.

Summary of Approved Practices and Practice Requirements

1. **First pulpwood thinning.** Must be applied to a pine stand of at least 5 contiguous acres with an average basal area of at least 110 ft²/acre. The practice must be the first thinning the stand has received. After treatment, the average basal area of the stand must be at least 50 ft²/acre but must not exceed 80 ft²/acre. Clearcuts, patch-cuts, or any harvests other than first thinning do not qualify. A fixed, dollar-per-acre incentive will be paid to the landowner for implementation of this practice, regardless of profits gained from sale of the harvested timber. Documentation (e.g., scale tickets, volume reports) showing tons of pulpwood removed from the stand must be retained and presented to the local FFS forester. 50 acre maximum.
2. **Prescribed burning.** Must be applied in an existing pine stand and in accordance with State Chapter 590, F.S., and/or Florida Administrative Code 5I-2 and local laws, regulations and burning restrictions. A burning authorization must be obtained from FFS for the day of the burn. The practice must be conducted between Sept. 15 and May 15 with adequate equipment, personnel and fire breaks/lines for conducting and containing the burn safely. 200 acre maximum.
3. **Mechanical underbrush treatment.** Must be applied to an existing pine stand with an average basal area of at least 45 ft²/acre. Competing underbrush and other woody vegetation may be reduced with a Gyro-Trac, Posi-trac or equivalent mulching-head equipment, or by a bush hog, Brown Tree Cutter, or other brush mowing equipment. Injury to roots and stems of residual pines must be avoided/minimized. 50 acre maximum. A written justification must be included when applying for this practice, explaining why it is needed (instead of prescribed fire or other methods).
4. **Pine seedling establishment.** Landowners establishing a pine plantation on appropriate sites may receive cost-share assistance for the cost of the seedlings, the planting operation (machine or hand planting) and herbicide control. Costs associated with site preparation other than herbicidal treatments are not eligible for cost-share. Planting density must be at least 550 trees/acre. Reimbursement shall be limited to a maximum of 726 trees/acre. A minimum of 400 seedlings/acre must be living at the time of a survival check conducted by the FFS forester following planting. 150 acre maximum. See additional practice requirements in the Technical Guidelines booklet.

Note: Only those expenses incurred for approved treatments listed on the application/agreement are eligible for cost-share reimbursement. If necessary, previously approved treatments may be altered on the application only if the total cost-share amount does not exceed the original amount approved, and the landowner receives prior written approval from the Florida Forest Service SPB Program Coordinator, with consultation from the county forester.

Summary of Landowner Application Procedure

1. The landowner obtains a copy of the SPB Assistance and Prevention Program Technical Guidelines and this application form.
2. The landowner contacts the forester or natural resource professional of his/her choice to receive practice recommendations and/or assistance with completing the application form and a tract map (see Appendix 3 of Technical Guidelines booklet for tract-map requirements).
3. The landowner requests a tract visit from a FFS forester, who verifies that the stand conditions meet the specific requirements for the proposed treatment and that the proposed practice is feasible. The landowner and FFS forester sign the application form under the section labeled "Initial Project Approval."
4. The landowner submits Substitute W-9 information online at <https://flvendor.myfloridacfo.com>. There is no guarantee that Substitute W-9 information submitted in previous years will remain on file in following years. The landowner prints the Substitute W-9 out and includes it in the application package.
5. The landowner or forester mails the signed application along with the attached tract map to: **SPB Assistance and Prevention Program, c/o Jeffrey Eickwort, Florida Forest Service, 1911 SW 34th Street, Gainesville, FL 32608**. E-mailing the packet is also acceptable (see section E in booklet).
6. Upon project approval, the SPB program coordinator will keep a copy of the application and send duplicate originals to both the landowner and the FFS county forester to hold on file until final project completion.
7. After the landowner receives written approval and a copy of the signed application from the program coordinator, implementation of the practice may begin. The landowner is responsible for seeing that the approved practice is carried out according to the Project Description on the application form and all practice requirements. Practices must be completed by completion date indicated on the form.
8. Upon completion of the practice, the landowner contacts the FFS forester to schedule a performance check. The FFS forester revisits the property, brings the original application form and verifies that the practice and target stocking level (if applicable) were achieved according to program requirements.
9. The landowner shows the FFS forester legible documentation (original receipts/invoices) of all practice costs incurred, with total costs clearly indicated. If the First Pulpwood Thinning practice was conducted, the landowner must show the FFS forester scale tickets or other volume documentation from the sale.
10. If the practice has been satisfactorily completed, the FFS forester verifies that the remaining items on the application form are filled out correctly (including total acres treated, tons of pulpwood harvested or total cost incurred and final payment requested). The landowner and the FFS forester sign the form under the section labeled "Final Payment Approval."
11. The landowner or forester mails the original application form, along with all receipts and invoices, to the program coordinator for processing (see address in item 5 above). E-mail is also acceptable. Volume documentation does not need to be forwarded, only shown to the FFS forester for verification of volume.
12. Upon submittal of proper documentation, cost-share payments will be reimbursed to the legal owner of the land in accordance with Subsection 215.422, Florida Statute. The state of Florida performance and obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.

Covenants: By signing the reverse side of this application, I make the following certification and agreements in favor of the Florida Forest Service:

1. I certify that I am the legal owner of the land described on the reverse side of this application.
2. I agree to conduct the approved management practice on my property in accordance with the requirements above and in the Technical Guidelines, and by the completion date assigned.
3. I further certify that participation by me or on my behalf in the Florida SPB Assistance and Prevention Program is not fraudulent or otherwise illegal, and that all expenditures submitted on my behalf for payment under this program are legitimate claims under the requirements of the program.