

PROPOSITION 40 FUELS MANAGEMENT PROGRAM APPLICATION

Project Number: _____

1. Enter the name(s) of all landowners as they appear on the deed. (Use attachment if necessary).

Name: _____ Phone Number(s): _____ Day _____ Evening _____

Address: _____ Street or P.O. Box _____ City _____ State _____ Zip _____

Name: _____ Phone Number(s): _____ Day _____ Evening _____

Address: _____ Street or P.O. Box _____ City _____ State _____ Zip _____

Name: _____ Phone Number(s): _____ Day _____ Evening _____

Address: _____ Street or P.O. Box _____ City _____ State _____ Zip _____

2. Responsible person to be contacted.

Name: _____ Phone Number(s): _____ Day _____ Evening _____

Address: _____ Street or P.O. Box _____ City _____ State _____ Zip _____

- 3. (a) Does the landowner own 5,000 acres or less of forestland in California? [] Yes [] No
(b) 20 acres or more of forestland? [] Yes [] No
(c) Is the total area proposed for each ground practice 5 acres or more? [] Yes [] No [] N/A (Wildlife/Conservation)
(d) Number of acres under the Management Plan: _____ Total ownership size: _____
(e) Project area timber site productivity is: [] I [] II [] III [] IV [] V
(f) Has the project area been damaged by natural causes within the last 10 years? [] Yes [] No

4. (a) How is the project area zoned? Check one of the following and answer pertinent questions:

[] TPZ [] Agriculture Preserve [] Other: _____

(b) Is there a Conservation Easement, CC&R's, or a petition for rezoning from TPZ to other uses, existing, underway, or contemplated, which would restrict resource management activities for the period of time during which the grant is administered (10 years)? [] Yes [] No

If yes, explain: _____

(c) List all land uses permitted under this zoning. Indicate existing land uses on Management Plan Map.

List specific use(s): _____

(d) Will the landowner agree not to put land, for which these cost-share funds are used for activities, to any use incompatible with forest resource management for 10 years? [] Yes [] No

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5. Has any of the land proposed for these cost-share funds been harvested subject to the 1973 Z'Berg-Nededly Forest Practice Act?
 Yes No If yes, please list THP, NTMP, SYP Number: _____
6. Is there a previously prepared Forest or Land Management Plan for the area proposed for this project? Yes No
Should the plan be revised? Yes No
If yes, list the CFIP Project Number:

7. Are you an employee of the State of California? Yes No
Were you an employee of the State of California within the past 12 months? Yes No
8. Does your current employment or former employment within the last 12 months with the State of California in any way relate to or affect the awarding of this grant or authorization of cost-share payments for work accomplished under a Proposition 40 Fuels Management Fund grant?
 Yes No

Please complete the **Application Project Summary**.

I certify that the above and attached is true and correct to the best of my knowledge.

Executed on _____ at _____

Applicant's Signature

APPLICATION/PROJECT SUMMARY

Name(s): _____ PROJE
CT#: _____

SUMMARY OF PRACTICES TO BE PERFORMED

PRACTICE	LAND CONSERVATION	ACREAGE OR OTHER UNIT*	COST/ACRE OR OTHER UNIT**	TOTAL ESTIMATED PROJECT COST	90% COST SHARE	75% COST SHARE
Management Plan/addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No					
RPF Supervision	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Site Prep	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Trees & Planting	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Tree Shelters	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Pre-commercial thinning	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Pruning	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Release	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Follow-up/slash disposal	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Land Conservation/ Wildlife/Fisheries Projects						
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No					
					Box "A"	Box "B"

* Enter net acres work for partial practices (minimum of 5 acres of an individual practice except for land conservation and habitat improvement).

** Enter 100% contract cost/acre or other unit (not to exceed maximum allowable rate).

MAXIMUM REIMBURSEMENT: \$ _____
Enter "Box A" + "Box B" rounded off to whole dollars

Location of the proposed project listed above, use additional sheets as necessary.

For recording purposes at your local county recorder's office:

Sub-Section	Section	Township	Range	County	Assessor's Parcel #	TPZ
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>

For non-TPZ zoned lands described above a part of that real property more fully described in that certain deed from

_____ to _____ dated _____ and
(Name appearing on deed)

recorded with the recorder of _____ County, at Book _____, Page _____

or Document Number _____.

Provide maps (scale 15 min./7.5 min. USGS topographic are best) indicating areas to be treated. Provide a Project Description which includes an explanation and justification for the cost share rate requested

