

PROP 40 PARTICIPANT 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 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-Nededy 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
9. Landowner agrees **to submit proof of payment** for any invoices submitted for reimbursement of expenses. **ALL INVOICES SUBMITTED BY PARTICIPANT MUST BE ACCOMPANIED BY PROOF OF PAYMENT IF SAID INVOICE INCLUDES REIMBURSEMENT FOR EXPENSES TO THE CONSULTING FORESTER (RPF), CONTRACTOR AND/OR SUBCONTRACTOR. PROOF OF PAYMENT SHALL INCLUDE: 1) COPY OF PAID INVOICE AND 2) A COPY OF A CANCELED CHECK OR A BANK STATEMENT REFLECTING SUCH PAYMENT.**
 Yes No

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

Executed on _____ at _____

Applicant's Signature

NOTE:

Other Application Requirements:

- **Complete the Application Project Summary** (see page 3).
- **The funding rate** requested must be explained and justified in the Project Description. Failure to adequately describe the project could result in delays or denial of approval.
- **Provide maps** (scale 15 min. /7.5 min.; USGS topographic maps are best) indicating areas to be treated.
- **Provide a detailed project description** which includes an explanation and justification for the cost-share rate requested.

Sierra Coordinated Resources Management Council

Rev. 01-27-12

PROP 40 FUELS REDUCTION APPLICATION/PROJECT SUMMARY

Name(s): _____ Project # _____

SUMMARY OF PRACTICES TO BE PERFORMED

PRACTICE	Land Conservation Practice	Rating	ACREAGE OR OTHER UNIT	COST/AC OR OTHER UNIT** ROUNDED UP	TOTAL ESTIMATED PROJECT COST	90% COST SHARE (SEE COLUMN 'K')	75% COST SHARE	Value if different than formula	Enter "Yes" if 90% cost share
Management Plan/addendum	<input type="checkbox"/>			NA	\$ -	\$ -	\$ -	\$ -	
RPF Supervision	<input type="checkbox"/>	First 5 Acres		\$ -	\$ -				
		Remainder		\$ -	\$ -				
		Total		\$ -	\$ -	\$ -	\$ -	\$ -	
Site Prep	<input type="checkbox"/>	Low		\$ -					
		Medium		\$ -	\$ -		\$ -		
		High		\$ -	\$ -	\$ -	\$ -	\$ -	
Trees & Planting	<input type="checkbox"/>	Average		\$ -					
		Moderate		\$ -	\$ -		\$ -		
		Difficult		\$ -	\$ -	\$ -	\$ -	\$ -	
Tree Shelters	<input type="checkbox"/>			\$ -	\$ -	\$ -	\$ -		
Pre-commercial thinning	<input type="checkbox"/>	Low		\$ -					
		Medium		\$ -	\$ -		\$ -		
		High		\$ -	\$ -	\$ -	\$ -	\$ -	
Pruning	<input type="checkbox"/>	50 TPA		\$ -					
		100 TPA		\$ -	\$ -		\$ -		
		150 TPA		\$ -	\$ -	\$ -	\$ -	\$ -	
Follow up - slash disposal	<input type="checkbox"/>	Low		\$ -					
		Medium		\$ -	\$ -		\$ -		
		High		\$ -	\$ -	\$ -	\$ -	\$ -	
Follow up Herbicide	<input type="checkbox"/>	Low		\$ -					
		Medium		\$ -	\$ -		\$ -		
		High		\$ -	\$ -	\$ -	\$ -	\$ -	
Follow up Other	<input type="checkbox"/>	Low		\$ -					
		Medium		\$ -	\$ -		\$ -		
		High		\$ -	\$ -	\$ -	\$ -	\$ -	
Release Mechanical	<input type="checkbox"/>	Low		\$ -					
		Medium		\$ -	\$ -		\$ -		
		High		\$ -	\$ -	\$ -	\$ -	\$ -	
Release Herbicide	<input type="checkbox"/>	Low		\$ -					
		Medium		\$ -	\$ -		\$ -		
		High		\$ -	\$ -	\$ -	\$ -	\$ -	

**SIERRA COORDINATED RESOURCES MANAGEMENT COUNCIL
(Rev. 2011)**

Release Other	<input type="checkbox"/>	Low		- \$				
		Medium		- \$				
		High		- \$	- \$	\$ -	- \$	
Land Conservation Wildlife/ Fisheries Projects	<input type="checkbox"/>			- \$	- \$	\$ -	- \$	
	<input type="checkbox"/>			- \$	- \$	\$ -	- \$	
Other				- \$	- \$	\$ -	- \$	
				\$ -	0.00	\$ -		
					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). ^RPF supervised acreages are explained in the project description.

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

MAXIMUM REIMBURSEMENT: \$ _____ - (Enter "Box A" + "Box B" **ROUNDED UP** 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	Sec	Town-ship	Range	County	Assessor's Parcel #	TPZ	
						<input type="checkbox"/>	<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"/>

(See attached page)

For non-TPZ zoned lands described above a part of that real property more fully described in that certain deed from _____ to _____ dated _____ and recorded with the recorder of _____ County _____, Page _____ or document number _____

Provide: Topographic Maps (USGS preferred) indicating all activities; Project Description explaining activities.