



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY
MIKE STRAIN DVM, COMMISSIONER

Office of Forestry, 5825 Florida Blvd., Suite 6000, Baton Rouge, LA 70806, (225) 925-4500, FAX (225) 922-1356

9355

FORESTRY PRODUCTIVITY PROGRAM
Application / Cooperative Agreement

PROPERTY INFORMATION

FY: _____ Parish: _____ Sec: _____ T: _____ R: _____

Forester: _____ Agency: _____ Phone No.: _____

LANDOWNER INFORMATION (Please Print)

Personal Assigned Tracking Number*			Day Phone Number			Night Phone Number					
First Name			Middle Name			Last Name			Suffix		
Mailing Address											
City				State				Zip+4			

*All payments will be recorded under the PAT Number listed above. Is this number under FPP contract to any other landowner this fiscal year? Y N

PROGRAM PRACTICES

Regeneration

Planting	Requested	Needs (LDAF)	Site Preparation	Requested	Needs (LDAF)
(101) [] Pine Seedlings	_____ Acs.	_____ Acs.	(109) [] Light	_____ Acs.	_____ Acs.
(102) [] Containerized Pine	_____ Acs.	_____ Acs.	(110) [] Burn	_____ Acs.	_____ Acs.
(103) [] Hardwood Seedlings	_____ Acs.	_____ Acs.	(111) [] Chemical	_____ Acs.	_____ Acs.
(104) [] Containerized Hardwood	_____ Acs.	_____ Acs.	(112) [] Mechanical	_____ Acs.	_____ Acs.
(105) [] Labor Only	_____ Acs.	_____ Acs.	(113) [] Post - Chem.	_____ Acs.	_____ Acs.
(106) [] Labor Only Containerized	_____ Acs.	_____ Acs.	(114) [] Herschal Drag	_____ Acs.	_____ Acs.
(107) [] Longleaf Seedlings	_____ Acs.	_____ Acs.			
(108) [] Longleaf Containerized	_____ Acs.	_____ Acs.			

Control of Competing Vegetation

Site Preparation	Requested	Needs (LDAF)
(115) [] Chemical Release	_____ Acs.	_____ Acs.
(116) [] Prescribed Burn	_____ Acs.	_____ Acs.

Agreement will expire 11 months from date funding authorized.

Estimated C/S Funds \$ _____ LDAF Forester's Signature _____ District _____ Date _____

COOPERATIVE AGREEMENT

I will maintain the land subject to this agreement in forestry usage as outlined in the Forest Management Plan for a minimum of ten (10) years (Prescribed Burning exempted) from the date of Certification of Performance. I certify that the land subject to this agreement is not currently under contract from any other federal, state or private cost-share program. I will comply with the provisions of the Forestry Productivity Program law, applicable regulations of the Department, and the terms of this agreement and the Forest Management Plan, and if I fail to do so, the Louisiana Department of Agriculture and Forestry shall have the right of action to recover the cost of the state's involvement in the cooperative agreement plus court cost and reasonable attorney fees. **I agree that I will bear all costs prior to reimbursement.** I certify that I am legal owner of the property upon which services are requested. I understand that if approved, I will be paid a cost-share rate of **50% of the actual cost** not to exceed the stated rate in effect at time this agreement is signed and that I am not allowed to receive more that \$15,000 in any one fiscal year.

Landowner's Signature _____ Date _____
(or approved agent)

The following must be attached: (1) \$25 Application Fee, check or money order payable to LDAF (non-refundable), (2) W-9, (3) Proof of Ownership, (4) Management Plan, (5) Copy of Power of Attorney, if applicable.



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY
MIKE STRAIN DVM, COMMISSIONER

OFFICE OF FORESTRY
5825 FLORIDA BLVD., SUITE 6000
BATON ROUGE, LA 70806

FORESTRY PRODUCTIVITY PROGRAM
APPLICATION/COOPERATIVE AGREEMENT
INSTRUCTIONS

The attached form must be used to enter into a cooperative agreement with the Louisiana Department of Agriculture and Forestry for cost-share assistance for practices approved under Louisiana's Forestry Productivity Program.

A separate application must be completed for each non-contiguous property.

Each application will be assessed a \$25 fee.

Property Information

Parish/Sec., T., R.- parish and legal description in which a majority of the applied practice(s) is located.

Forester/Agency- responsible for writing management plan and insuring practice(s) is implemented according to LDAF specifications.

Landowner Information

A landowner is any individual, joint operation, group, association, corporation, partnership, or other private legal entity.

PAT Number/
(Personal Assigned
Tracking Number) this number will be used to record payments and determine payment limitations. Payments will be made to only one individual. In case of multiple owners, it will be the responsibility of the person listed on application to insure all members receive their appropriate share.

Name/Address- person responsible for installing practice(s) and will receive all correspondence.

Program Practices

Resource Specialist managing property will check the appropriate practice components and write in acres requested.

An LDAF Forester will make field inspection(s) and complete "Needs" acres, calculate "Estimated C/S Funds," sign and date application.

Cooperative Agreement

The agreement must be signed and dated by landowner or approved agent before application can be processed.

Submitting Application

Before the application can be processed, the following must be attached to the application (s):

- non-refundable twenty-five dollar application fee, check or money order payable to LDAF
- completed W-9 for IRS purposes (add contact person and phone # at top of form)
- copy of deed
- management plan
- if applicable, Power of Attorney witnessed by two individuals

FOR INFORMATIONAL PURPOSES ONLY