

WOODLAND INCENTIVES PROGRAM (WIP)
 AGREEMENT/APPLICATION FOR COST SHARE AND PAYMENT
 MARYLAND DEPARTMENT OF NATURAL RESOURCES
 FOREST SERVICE

AGREEMENT #	S.S.# OR F.I.D. #	COORDINATES	AGREEMENT TYPE (Check One) Annual ___ Long-term ___	COUNTY
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Landowner Information

 Phone: _____
 Email: _____

Property Location: _____

REQUEST FOR COST-SHARE

LANDOWNER HAS FOREST STEWARDSHIP PLAN: YES _____ NO _____

(HQ to complete) PRACTICE START DATE: _____ (HQ to complete) PRACTICE COMPLETION DATE: _____

PRACTICE CODE	PRACTICE DESCRIPTION	ACRES	65% Cost /ACRE	TOTAL	ACCOMPLISHED (Forester to Complete)			Cost share TOTAL Amt.
					ACTUAL ACRES	ACTUAL COST/ACRE	ACTUAL TOTAL COST	
TOTAL =					TOTALS =			

APPLICANTS CERTIFICATION: I request cost-share assistance under this program for those practices listed herein. I agree to install and maintain these practices under current regulations and guidelines on property that I hold currently under legal title. I agree to permit a representative of the Department to enter the property to inspect for program compliance in accordance with the Terms of Agreement attached.

\$ _____ due DNR for the following services rendered: _____
 (Forester to complete by listing the services provided, rates, acreages, and sum of fees charged.)

SIGNATURE OF LANDOWNER: _____ DATE: _____
Landowner signature denotes they have READ and agree to the TERMS OF AGREEMENT listed on the back of this application.

 FORESTER Signature Date: _____ License No. _____

I (approve ___ / disapprove ___) this cost share-share request. Approval shall be valid until ___ / ___ / ___ In the amount of \$ _____

SIGNATURE OF STATE FORESTER: _____ DATE: _____

MD DNR-FOREST SERVICE FORESTER CERTIFICATION: I have inspected the above-completed practices and find that they have (been ___/not been ___) satisfactorily completed. I (do ___/do not ___) recommend cost-share payment.

Payment should be in the amount of \$ _____, not to exceed the cost/acre rate specified under practice request.

DNR SERVICE FORESTER signature: _____ LICENSE NUMBER: _____ DATE: _____

APPROVAL OF PAYMENT: I _____, STATE FORESTER (approve ___/disapprove ___) cost-share payment.

Payment shall be in the amount of \$ _____ to the above named applicant. DATE: _____

TERMS OF AGREEMENT Woodland Incentive Program (WIP)

1. All agreements, terms, conditions, practices, payments, obligations and penalties of both the Department and the participating landowner are governed according to Maryland Annotated Code, Natural Resources Article 5-301 through 5-307, and, Code of Maryland Regulations 08.07.05.
2. "Forestry practice" means any accepted silvicultural and reforestation activity approved by a Licensed Forester.
3. Any individual group or corporation is eligible that owns private woodland consisting of 5 to 1,000 contiguous acres capable of producing 20 cubic feet of wood per acre per year and, when appropriate, has the potential of being harvested for forest products.
4. Any corporation or subsidiary of a corporation that manufactures forest products or provides utility services is not eligible.
5. Any individual, group or corporation that has received cost-share assistance from this program for the same practice(s) on the same parcel, stand or tract within the last 15 years.
6. A landowner is not eligible for more than \$5,000 in a calendar year or \$15,000.00 in any consecutive 3-year period for all approved practices.
7. An eligible landowner shall:
 - a. Provide the Department a plan approved by a Licensed Forester and prepared for the purpose of accomplishing forestry practices.
 - b. Agree to use the cost-share assistance for continued forest improvement and growth of harvestable forest products on a long-term basis.
 - c. Agree to permit a representative of the Department to enter the stand or tract to inspect for program compliance and determine the effectiveness of the practice during normal hours of business for a period not to exceed 15 years after completion.
 - d. Agree to accept the cost-share payment not to exceed 65 percent of actual expenses or of flat rate allowance, whichever is lesser.
 - e. Agree to hold the Department harmless from liability for occurrences arising during inspection by representative of the Department on official business.
8. The Department shall:
 - a. Notify each applicant of approval or disapproval within 30 calendar days after expiration of the enrollment period.
 - b. Make payment to eligible landowners with a reasonable time after receipt of expense documents, inspection and approval of practice.