



WoodsWISE



Incentives to Stewardship Enhancement

Woodland Resource Action Plan/Amendment to existing Plan

CLAIM FOR PAYMENT

Forest Management Planning made possible in part by USDA Forest Service's Stewardship Program

Landowner:

PAYEE Name: _____

Address: _____

If the Payee name or address is different from the name or address on the Application Form, please contact the Maine Forest Service.

I am hereby making claim for cost-share payment under the WoodsWISE program for (*check one*):

Woods Wise Incentives <i>eligible statewide</i>	
<input type="checkbox"/>	FMP-5a Woodland Resource Action Plan (10-50 wooded acres)
<input type="checkbox"/>	FMP-5b Woodland Resource Action Plan (51+ wooded acres)
<input type="checkbox"/>	FMP-2 Amendment of an existing Forest Management Plan

The plan/amendment was prepared by _____ (*Stewardship Forester*)

on _____ (*date*) for _____ wooded acres in the town of _____.

Landowner signature(s) _____ Date _____

Objectives: (1st) _____ (2nd) _____

(3rd) _____ (4th) _____

Plan/amendment start date: _____

District Forester Review		
	Yes	No
Plan meets MFS standards:		
Documentation complete/acceptable:		
GIS information verified:		
Total property acres:		
Total forested acres:		
Total plan cost:		
District Forester signature:		
District Forester signature date:		

COST-SHARE PAYMENT AUTHORIZATION