



## Cost Share Application Form

Name \_\_\_\_\_ Online State W-9 link: <https://esupplier.erp.delaware.gov>

Address \_\_\_\_\_

\_\_\_\_\_ Tax parcel ID # \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Location of property \_\_\_\_\_

Stewardship plan author \_\_\_\_\_ Plan date \_\_\_\_\_

### To be completed by your service forester:

Practice description \_\_\_\_\_ Practice acres \_\_\_\_\_

Practice location \_\_\_\_\_

Estimated practice cost \_\_\_\_\_ Maximum cost share amount payable \_\_\_\_\_

# of trees per acre (where applicable) \_\_\_\_\_ Species (where applicable) \_\_\_\_\_

Anticipated project completion date \_\_\_\_\_ Practice must be completed no later than \_\_\_\_\_

I request cost-share assistance under the Delaware Forest Service cost-share program to meet the objective described above. This practice would not be performed without state cost-sharing. If cost-sharing is approved for the practice requested, I agree to maintain the practice for a minimum period of ten years. If, before expiration of the specified ten-year period, I (a) destroy the approved practice, or (b) voluntarily relinquish control or title to the land on which the approved practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its life span, I will refund all or part of the funds paid to me as determined by the Delaware Forestry Administrator. I have not yet started this practice, and I understand that if I begin the practice before receiving written approval I may be denied funding. I understand that I will receive an IRS Form 1090-G for the cost-shares that I receive, and that I may have to include said amount in my gross income for income tax reporting purposes.

Landowner signature \_\_\_\_\_ Date \_\_\_\_\_

### Witness:

Service forester signature \_\_\_\_\_ Date \_\_\_\_\_

Service forester name & address \_\_\_\_\_

### To be completed by your service forester after the practice is installed:

I certify that the above cost-shared practice was properly established according to accepted silvicultural procedures and that the landowner is eligible to receive the requested cost share-payment.

Service forester \_\_\_\_\_ Date \_\_\_\_\_

Payment date \_\_\_\_\_ Check number \_\_\_\_\_ Date mailed or delivered \_\_\_\_\_