

2320 SOUTH DUPONT HIGHWAY  
DOVER, DE 19901  
DE.GOV/FORESTRY



TELEPHONE: (302) 698-4500  
TOLL FREE: (800) 282-8685

## DELAWARE FOREST RESILIENCY FUND LANDOWNER APPLICATION

This grant opportunity is possible through funding from the Inflation Reduction Act and the U.S. Department of Agriculture's Forest Service Landowner Assistance Program.

### APPLICANT INFORMATION

Name: (First, Middle, Last)		
Address:		City, State, Zip Code:
Tax Map and Parcel #:		County:
Mailing Address: (if different)		City, State, Zip Code:
Phone:		Tax ID#: State Vendor ID:
Email:		

### LANDOWNER DECLARATION

- ☐ Yes ☐ No Are you a Veteran or currently a member of the U.S. Armed Forces?
- ☐ Yes ☐ No Have you owned forested land in Delaware for less than 10 years?
- ☐ Yes ☐ No Do you meet the United States Department of Agriculture Natural Resources Conservation Service's (USDA-NRCS) of a Limited Resource Producer?

### PRACTICE SELECTION (MAP SUBMISSION REQUIRED)

What practice(s) are you applying for:

- ☐ Tree Planting ☐ Invasive Species Removal ☐ Prescribed Fire

Describe your practice, including acres and current site conditions. Include a copy of the site map.

Do you have a current stewardship plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, prepared by whom and when:	
<i>If not prepared by a DFS Forester, a copy of the stewardship plan must be submitted with this application.</i>	
Please provide an estimated cost of implementation:	

## ACKNOWLEDGMENTS

(PLEASE INITIAL) \_\_\_\_\_ Practices covered, including prescribed fires and invasive species removal require submission of invoices in order to be reimbursed. No work can take place until the project is approved and the applicant is notified.

(PLEASE INITIAL) \_\_\_\_\_ Applicants selected to participate in the Delaware Forest Resiliency Fund must maintain copies of all paperwork for three years as required under the federal paperwork requirements.

### Applicant's Name

Printed: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## DFS USE ONLY

Internal Review Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received:
DFS Approving Staff Name (Printed)		Date Approved:
DFS Approving Staff Signature		Amount Estimated:
Landowner Applied to be State Vendor: <input type="checkbox"/> Yes <input type="checkbox"/> No	State Vendor ID:	Cost Share Percentage: