

**Notice:** Persons applying for Private Forest Landowner Grant Funds, as provided in ss.26.38, Wis. Stats., must provide complete information requested on this application. Personally identifiable information collected may be used for purposes other than that for which it was originally collected. Under Wisconsin's open records laws, DNR is required to provide all non-confidential information to any person who requests it. Such information may be provided to the public in written or electronic form.

<b>Instructions:</b>	
<p><b>Page 1:</b> To be completed and signed by Landowner Applicant.</p> <p><b>Page 2:</b> To be completed by the DNR Forester assigned to the county where property is located</p> <p>Substitute W-9 Form: To be completed and returned with Application</p>	<p><i>For DNR Central Office Use Only</i></p> <p><b>Application Number</b></p>

**The Division of Forestry will not accept this application unless pages, 1, 2, and Substitute W-9 Form are completed.**

<b>Landowner Applicant:</b>			
Last Name	First Name	MI	Telephone Number ( )
Address			Fax Number ( )
City		State	Zip Code

<b>Property Information – Location where practice(s) will be completed.</b>			
County	Township Name	Total Forest Stewardship Plan Acreage	Have You Previously Received a WFLGP Grant? (Circle One) Yes No

**Forest Stewardship Plan (an MFL Plan or other DNR approved Forest Stewardship Plan)**

I have an existing plan.

I am applying for a non-Managed Forest Law management plan

I am applying for a Managed Forest Law management plan

I want \_\_\_\_\_ acres of my property included in a Forest Management Plan.

*(You cannot apply for other management practices until you have a Forest Stewardship Plan in place for your property.)*

**Eligible Private Forest Practice – Available only to applicants with a Forest Stewardship Plan already in place.**

The following Management Practices are eligible for a WFLGP Grant.

**Priority 1 (WFLGP Practice(s) 1 – 3)**

1. Stewardship Plan Development
2. Reforestation and Afforestation
3. Forest Improvement

**Priority 2 (WFLGP Practice(s) 4 – 8)**

4. Soil and Water Protection and Improvement
5. Wetland and Riparian Protection, Restoration and Creation
6. Fish and Wildlife Habitat Enhancement
7. Recreational, Historic and Esthetic Forest Enhancement
8. Endangered or Threatened Resources Protection

Please consult the DNR forester assigned to the county where your property is located and discuss which practice(s) would benefit your property. The practice(s) must be completed within 18 months of the date the DNR Division of Forestry approves your application. However, up to 1 additional 6-month extensions may be available for qualifying individuals as determined by the DNR forester assigned to your county. The practice(s) must be maintained for a minimum of 10 years from the date of the DNR Division of Forestry approval.

**Applicant Certification**

I certify that I own 10 acres of contiguous forest and not more than 500 acres of forest land within the State of Wisconsin. As a condition of and prior to my receiving any payment from the Department. I also agree to complete and submit a Substitute Form W9, including provisions of my Taxpayer Identification Number (SSN# if an individual), to be used for tax purposes.

Applicant Signature	Date
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**Important:** DNR Division of Forestry **will not** accept your application unless page 2 is completed and signed by the approving DNR Forester, and the Substitute W-9 Form is **completed and signed**.

**Instructions: Page 2 to be completed by the approving DNR Forester:**

**Property Information – Location where practice(s) will be completed.**

County	Township N	Range E / W	Section	¼ ¼, ¼	Govt Lot #	Section	¼ ¼, ¼	Govt Lot #	Section	¼ ¼, ¼	Govt Lot #
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<b>Check one priority per application</b>	<b>For DNR Central Office Use (wami.legis.state.wi.us)</b>	
<input type="checkbox"/> <b>Priority 1 Forestry Practices (WFLGP Practice(s) 1-3):</b>	<b>Assembly</b>	<b>Senate</b>
<input type="checkbox"/> <b>Priority 2 Forestry Practices (WFLGP Practice(s) 4-8):</b>		

**DNR Forester Completes this section when approving practice(s)**

Practice Number	Component Code	Acres Approved	Units Approved	Estimated Payment 50% or ____ of Total	Needs Determination:				
<b>TOTAL</b>									

An approval amount must be filled in before submitting application to DNR Division of Forestry.

<b>Approval of Request:</b>			
DNR Forester (Please Print Name)	DNR Forester Signature	Telephone Number (    )	Date

**PAYMENT REQUEST**

**Landowner Applicant: (Fill in Landowner Name and Address at time of reimbursement)**

Payment Request: <b>PARTIAL</b> <small>(provide No. of acres &amp; units completed)</small>					Payment Request: <b>FINAL</b> <small>(provide No. of acres &amp; units completed)</small>				
Application Number					Application Number				
Component Code	Acres	Units	Actual Cost	Payment Requested	Component Code	Acres	Units	Actual Cost	Payment Request
<b>TOTAL</b>					<b>TOTAL</b>				

<b>Partial Payment</b>		<b>Final Payment</b>	
<b>Certification of Completion</b>		<b>Certification of Completion</b>	
DNR Forester (Signature)	Date	DNR Forester (Signature)	Date