



APPLICATION FOR FOREST HEALTH COST SHARE FUNDING NEVADA FOREST HEALTH SUBGRANT FUNDING

Applicant Information			
Name		Date	
Company			
County			
Address			
City/Zip Code			
Phone Number (Home)			
Cell Phone Number			
Vendor # (To be obtained if granted funding)			

Qualification Information	
Own at Least 5 Acres of Native Forest in Nevada	<input type="radio"/> Yes <input type="radio"/> No
Number of Acres at Project Site	
Total Acres Owned Nationwide	

Property & Project Information	
Project Description (What do you want to do?)	
Township, Range, & Section Numbers	
Your Objectives & Expected Benefits (If you know)	
Has a management plan been developed for the property?	<input type="radio"/> Yes <input type="radio"/> No
If yes, who was the plan developed by?	

* Please submit a copy of your plan along with this application.

Property & Project Information (Cont'd)

Describe other incentive programs currently on the same acreage (EQIP, ACP, CRP, etc.)

Desired Start Date

Project Completion Date

* This form is a preliminary application to determine landowner eligibility for the Forest Health and technical assistance subgrant.