

Application for Forest Health Cost-Share Subgrant Funding/Assistance
NEVADA FOREST HEALTH SUBGRANT FUNDING



ELIGIBILITY APPLICATION

Name _____ Date _____

Company _____ County _____

Address _____ City _____ Zip _____

Phone number (home) _____ (work or cell) _____

Email Address _____

Vendor Number (to be obtained if accepted for funding) _____

Own at least 5 acres NV native forest? (y or n) _____

Acres of project site _____ Total acres owned nationwide _____

Location of & directions to property

Range, Township & Section numbers _____

Project description (what do you want to do?)

Your objectives & expected benefits (if you know)

Has a management plan (i.e. NRCS Conservation Plan, NDF Timber Harvest Plan) been developed for property? _____ If yes, plan developed by: _____

Please submit a copy of your plan with your application

Describe other Incentive Programs concurrently on same acreage (EQIP, ACP, CRP, Partners for Wildlife, etc.):

Desired start date _____ Projected completion date _____

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

Click the button below to email for