

WOODLAND INCENTIVES PROGRAM (WIP)  
 AGREEMENT/APPLICATION FOR COST SHARE AND PAYMENT  
 MARYLAND DEPARTMENT OF NATURAL RESOURCES  
 FOREST SERVICE

AGREEMENT #	S.S.# OR F.I.D. #	COORDINATES (83 meters)	AGREEMENT TYPE (Check One) Annual____ Long-term____	COUNTY
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**Landowner Information:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

REQUEST FOR COST-SHARE      LANDOWNER HAS FOREST STEWARDSHIP PLAN: YES \_\_\_\_\_ NO \_\_\_\_\_  
 (HQ to complete) PRACTICE START DATE: \_\_\_\_\_ PRACTICE COMPLETION DATE: \_\_\_\_\_

PRACTICE REQUEST					ACCOMPLISHED (Forester to Complete)			
PRACTICE CODE	PRACTICE DESCRIPTION	ACRES	65% Cost /ACRE	TOTAL	ACRES	ACTUAL COST/ACRE	ACTUAL TOTAL COST	Cost share TOTAL Amt.
TOTAL					TOTALS			

APPLICANTS CERTIFICATION: I request cost-share assistance under this program for those practices listed herein. I agree to install and maintain these practices under current regulations and guidelines on property that I hold currently under legal title. I certify that no other cost-share assistance, under this or any other program, has been requested or received for the sites specified in this agreement.

SIGNATURE OF LANDOWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

**Landowner signature denotes they have READ and agree to the TERMS OF AGREEMENT listed on the back of this application.**

\$ \_\_\_\_\_ due to DNR for the following services rendered: \_\_\_\_\_  
 (Forester to complete by listing the services provided, rates, acreages, and sum of fees charged.)

\_\_\_\_\_  
 (FORESTER Signature)      Date: \_\_\_\_\_      License No. \_\_\_\_\_

I (approve\_\_\_\_\_/disapprove\_\_\_\_\_) this cost share-share request. Approval shall be valid until \_\_\_\_/\_\_\_\_/\_\_\_\_ In the amount of \$ \_\_\_\_\_

SIGNATURE OF STATE FORESTER: \_\_\_\_\_ DATE: \_\_\_\_\_

MD DNR-FOREST SERVICE FORESTER CERTIFICATION: I have inspected the above-completed practices and find that they have (been \_\_\_/not been\_\_\_) satisfactorily completed. I (do \_\_\_/do not \_\_\_) recommend cost-share payment.

Payment should be in the amount of \$ \_\_\_\_\_, not to exceed the cost/acre rate specified under practice request.

DNR SERVICE FORESTER signature: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVAL OF PAYMENT: \_\_\_\_\_, STATE FORESTER (approve\_\_\_/disapprove\_\_\_) cost-share payment.

Payment shall be in the amount of \$ \_\_\_\_\_ to the above named applicant. DATE: \_\_\_\_\_

## TERMS OF AGREEMENT Woodland Incentive Program (WIP)

1. "Forestry practice" means any accepted silvicultural and reforestation activity approved by a Licensed Forester.
2. Any individual group or corporation is eligible that owns private woodland consisting of 5 to 1,000 contiguous acres capable of producing 20 cubic feet of wood per acre per year and, when appropriate, has the potential of being harvested for forest products.
3. Any corporation or subsidiary of a corporation that manufactures forest products or provides utility services is not eligible, nor is any individual, group or corporation that has received federal cost-share assistance for like practices(s) on the same parcel, stand or tract in the 5 year preceding this application or presently has an application submitted for like practice(s) for the parcel, stand or tract, nor has received cost-share assistance from this program for the same practice(s) on the same parcel, stand or tract within the last 15 years.
4. An eligible landowner shall:
  - a. Provide the Department a plan approved by a Licensed Forester and prepared for the purpose of accomplishing forestry practices.
  - b. Agree to use the cost-share assistance for continued forest improvement and growth of harvestable forest products on a long-term basis.
  - c. Agree to permit a representative of the Department to enter the stand or tract to inspect for program compliance and determine the effectiveness of the practice during normal hours of business for a period not to exceed 15 years after completion.
  - d. Agree to accept the cost-share payment not to exceed 65 percent of actual expenses or of flat rate allowance, which ever is lesser.
  - e. Agree to hold the Department harmless from liability for occurrences arising during inspection by representative of the Department on official business.
5. The Department shall:
  - a. Notify each applicant of approval or disapproval within 30 calendar days after expiration of the enrollment period.
  - b. Make payment to eligible landowners with a reasonable time after receipt of expense documents, inspection and approval of practice.
6. A landowner is not eligible for more than \$5,000 in a calendar year or 15,000.00 in any consecutive 3-year period for all approved practices.