Mississippi Southern Pine Beetle Prevention Program
Logger Incentive Cost Share Agreement

Application Number: _____

SECTION 1 – Applicant Information

Logger Name:_____   MPLM Number:_____

Company Name (if different):_____   MPLM Number:_____

Address:_____

County: _____   Section/Township/Range: _____

Road: _____   _____

Latitude: _____   Longitude: _____

Note: Lat/long in decimal degrees only

Parcel Description: Stand Age: _____   Pine Species: _____

SECTION 2 – Harvest Description

Total Acres to be Thinned:_____   Total to be paid: $2,000.00

Initial Stocking: _____ trees per acre   OR   _____ sq. ft per acre

Target Stocking Following Thinning:_____ trees per acre   OR   _____ sq. ft per acre

Description of Harvest Plan: _____

_____

_____

SECTION 3 – Logger Agreement

I request funding under the Southern Pine Beetle Prevention – Logger Incentive Cost-Share Program for the indicated

1. **Each application is for ONE parcel and that assistance shall be $2,000 per parcel for conducting a first commercial thinning that meets the following requirements:**
   - Parcel must be 20 acres (or more) of a contiguous pine stand.
   - Parcel must be minimum of 12 years of age.
   - Parcel must have a minimum basal area of 110 sq. ft. per acre or 350 trees per acre.
   - Parcel must be thinned to a target of 60 – 80 sq. ft. per acre or at minimum a 50% reduction of pine basal area with 100 – 275 trees per acre of live, healthy, undamaged volume.
   - Parcel must be non-industrial, private use only. Conservation Reserve Program (CRP) lands **DO NOT QUALIFY**.

2. To provide the MFC a signed W-9 with this application.

3. The maximum payment made to any logging firm, company, or logger is **$10,000 annually (5 contracts)**. The MS Forestry Commission has the last word on payment limitations.

4. I am a certified SFI Logger and will notify the MFC or their representative of the beginning and completion of this project.

5. Harvest a minimum of 10 tons per acre and provide copies of all scale tickets to landowner for his cost share payments on this property.

6. I have a signed contract with the landowner and agree that the tract must be completed within the 9 month time frame. Certain extensions may be given on an individual basis.

Logger Name (Print) _____   Logger Signature _____   Date _____

SECTION 4 – Approvals

I certify that the above project is needed and, if properly carried out according to the above recommendations, will qualify for incentive payment under the Southern Pine Beetle Prevention Program – Logger Incentive Cost-Share Program.

_____   _____ _____

MFC Forester or Name of representative (Print)   Forester signature   Date

I certify that the above project was completed according to the above recommendations.

_____

_____   _____ _____

MFC Forester Name (Print)   MFC Forester Signature   Date

Cost Code: _____   Amount: _____   Approved for Payment: _____

Note: In order to process this application, a Taxpayer ID Number is required. Therefore, please complete a State W-9