



Mississippi Forestry Commission

Kudzu Treatment Grant Application

Public Land % 40 Sec Twn Rng County # Board # FY

Landowner Information

First Name Last Name SSN / Tax ID#

Agency / Business Name / LLC / LP / Trust / Etc.

Address City State Zip

Email Address Telephone # Fax # Escrow Bal



Kudzu Treatment Acres _____



No federal funds or other cost-share assistance will be used on the same acreage described above. I will comply with all Federal and State labor laws. I agree that I will bear all costs prior to reimbursement. I certify that I am the legal owner of the property upon which the services are requested. I understand that if approved, I will be paid up to \$150 per acre, at the current cost-share rate or the actual cost, whichever is less.

Landowner Signature _____

Date: _____

Region Office Approval _____

Date: _____