



# Mississippi Forestry Commission

## Cogonrass Treatment Cost-Share Program 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



Cogonrass 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 \$350 per acre, at the current cost-share rate or the actual cost, whichever is less.

Landowner Signature \_\_\_\_\_

Date: \_\_\_\_\_

Region Office Approval \_\_\_\_\_

Date: \_\_\_\_\_