# Mississippi Forestry Commission

## Forest Resource Development Program

### Cost Share Agreement

Form 660.2
Rev 12/2015

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

## Landowner Information

First Name _____ Last Name _____ SSN / Tax ID# _____

Agency / Business Name / In Care Of / LLC / LP / Trust / Etc. _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Telephone # _____ Fax # _____

## (Complete all that apply)

| Tree Planting | | Herbaceous / Mid-Rotation | | Burning | |
|---|---|---|---|---|---|
| Type | Acres | Type | Acres | Type | Acres |
| Pine (01) | | Post Herbaceous Banded (36) | | Site Prep (20) | |
| Hardwood (02) | | Post Herbaceous Brdcst (39) | | Silvicultural (21) | |
| Free Seedlings (03) | | Combo Woody/Herbaceous (19) | | | |
| Containerized Longleaf (22) | | Mid-Roatation Vegtetation (62) | | | 100 LN FT |
| Bare Root Longleaf (23) | | Fertilization - Stand Health (41) | | *Firebreaks (27) | |
| Containerized Loblolly (24) | | Pre-Commercial Thin (33) | | | *(Total length in feet / 100) |

| Light Site Prep | | Heavy Site Prep | | Release | |
|---|---|---|---|---|---|
| Type | Acres | Type | Acres | Type | Acres |
| Chemical (06) | | Chemical (12) | | Release (17) | |
| Mechanical (07) | | Mechanical (13) | | | |
| | | Post Planting Site Prep (14) | | **Site Prep Natural Regeneration** | |
| | | | | SPNR (25) | |

**Special Case**

Job Code: _____ Acres: _____ Description: _____

I will utilize the cost-share assistance for timber growing and improvement for a minimum of 10 years, or reimburse the state in full if the authorized paractice(s) are destroyed (excluding acts of nature or wildfire) before this mandatory period expires. The participant is liable for compliance unless requirements of the program are legally transferred to a new owner of the property. no federal funds or any 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 at the current cost-share reate, or 75% of the actual cost, whichever is less.

Landowner Signature _____ Date: _____

District Office Approval _____ Date: _____