

# Southern Pine Beetle Prevention Program

## Project Plan and Application for 2025 Funding

Funding associated with USDA Forest Service grant: 25-DG-11083105-004



Landowner:	<input type="text"/>	Practice:	<input type="text"/>
County:	<input type="text"/>	Department Personnel Name:	<input type="text"/>

The purpose of this plan is to achieve two main objectives: 1) provide sound forest management recommendations that will enable you to maintain a profitable and sustainable stand of timber and 2) effectively manage the hazard and spread of southern pine beetle and Ips bark beetles by putting an increased emphasis on a proactive approach. Thinning is known to effectively lower the risk of pine bark beetle infestations.

Thank you for allowing the Arkansas Department of Agriculture's Forestry Division (the Department) to assist in the management of your property. The Department must review the program information below with the Southern Pine Beetle Prevention Program (SPBPP) applicant.

### Both parties understand and agree that:

- Participants in the SPBPP projects must:
  - Be eligible landowners— non-industrial private landowners, groups, small corporations, part-time forest product manufacturers,
  - Have at least 10 contiguous acres of pine, and
  - For thinning practices, have an estimated stand-wide basal area of greater than 120 feet squared per acre of pine.
- Any thinning done prior to approval of this SPBPP Application will **not** be eligible for cost share.
- In the event the U. S. Forest Service or Congress shall fail to appropriate adequate funds for the continuance of this program, then this agreement and all the responsibilities of the Arkansas Department of Agriculture's Forestry Division herein shall cease.

### Department Obligations

- Ensure that all pages of this **SPBPP Project Plan and Application** is properly completed and signed.
- Required!!** A timber sale agreement will be required for thinning practices before an application will be approved. The agreement should have the landowner and logger names, acres of harvest, and a length of the contract (i.e., a completion date).
- Ensure that a **W-9 Form** is properly completed with landowner's Social Security Number or Federal Employee Identification Number listed along with the landowner's signature.
  - Determine payment division/percentage if there is more than one landowner involved, such as family co-owners. If more than one payment is to be made, ensure that all intended recipients have completed a W-9 Form.
  - Vendor Registration** with AR OSP will also be required for all parties receiving payment (each landowner and logger receiving incentive payment with **Vendor Number**).
- Visit the property upon completion of the project to conduct a final assessment and to finish the SPBPP Project Completion Summary.** After the site visit, this completed SPBPP Project Plan and Application, thinning agreement, SPBPP Project Completion Summary, W-9, voided check, and any paperwork that documents project expenses (such as invoices) will be sent to the SPBPP Program Manager in Little Rock. When received, the reimbursement will be made in the form of a check mailed to the landowner.

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## Project Plan and Application for 2025 Funding for Thinning Practices

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### Applicant Landowner Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

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

County: \_\_\_\_\_ District: \_\_\_\_\_ GPS Location (in decimal degrees): \_\_\_\_\_

State Vendor Number (If known): \_\_\_\_\_

**If you do not have a vendor registration number at the time of this application, you must agree to complete the Vendor Registration Confirmation Form immediately after receiving approval for the project.**

### Applicant Landowner Conditions

1. Inform the Department in advance of when the project will start and agree to complete the project by **Dec. 1, 2026**. After this deadline, the Department reserves the right to cancel the project's cost share allocation.
2. Notify the Department of progress on this project, including scheduled harvesting activities and practice completion.
3. Must be the legal owner or have the power of attorney of the property where practices will be performed and must assume responsibility for boundaries of the parcel where service work is to be performed.
4. Give the Department the right to enter the property for inspecting before and after completion of the project.
5. Provide documentation requested by the Department, e.g. invoices, canceled checks, or mill receipts.
6. In order to receive payment from the State of Arkansas, and to obtain their vendor number, landowners must register as vendors at: <https://vendor.ark.org/>

I have read and comply with the above conditions:

\_\_\_\_\_

Landowner Signature

### Cost Share Allocation (To Be Completed Only by the Department)

The following is the practice and cost share requested by the Department (See *SPBPP Guidelines for rates*):

Practice:	Requested Acres:	Incentive Rate (or NTE Rate):	Cost Share Requested:
_____	_____	\$ _____	\$ _____

Logger Incentive (allowable for FCT and chipping with 40 acres or less): \$ \_\_\_\_\_

### Allocation Approval (To Be Completed Only by SPBPP Program Manager)

The above project is approved and, if properly carried out according to the SPBPP Description & Plan, will qualify for cost share payments offered by the Department through the program.

SPBPP Program Manager: \_\_\_\_\_

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

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### Project Description and Plan

Please attach a printed map of the tract via FARS – Fire & Activity Reporting System

#### SPBPP Practice Recommendation:

Pine BA (ft<sup>2</sup> per acre) Prior to Project:  Recommended BA:

Recommended BMPs:

Other Forest Management Considerations (include recommendations for non-commercial thinning or burning here):

Does the landowner own less than 2500 acres

Is the stand showing any forest health issues? Insect damage, browning, etc.

Are there any signs of tree mortality?

Consulting Forester (leave blank if not determined):

Address:   
*Street Address*  
  
*City State ZIP Code*

Logger (Required for thinning practices):

Contract Period:

Address:   
*Street Address Apartment/Unit #*  
  
*City State ZIP Code*

Application and Plan Prepared By:  Title:  Date:

Approval if the above plan was not prepared by a Department Forester:

Forester:  Title:  Date: