

**Application for Texas Longleaf Conservation Program
TX-LLP-014**

Internal Use
Receive Date _____

Project ID _____

Applicant Contact Information

Name Address Phone Number

Property Location

County _____ Latitude _____ Longitude _____

SGA Longleaf Ridge ☐ Big Thicket ☐

General Location* _____

**General location map should be attached and/or GIS shape file submitted*

Property Information

Total Acres _____ Total Treatment Acres* _____ Ownership Type** _____

Current Site Condition _____

**Maps with treatment areas delineated should be attached and/or GIS shape file submitted*

***Ownership Type – Private, TIMO/REIT, LLC, Family Trust, etc.*

Management Objective

- ☐ Longleaf Pine Establishment
- ☐ Longleaf Pine Enhancement

Practices Applied For

- ☐ Prescribed Burning
- ☐ Site Preparation
- ☐ Tree Establishment
- ☐ Forest Stand Improvement

Description of Proposed Management Activities

Estimated Project Completion Date: _____

Estimated Project Cost:

Prescribed Burning \$ _____

Tree Establishment \$ _____

Site Preparation \$ _____

Forest Stand Improvement \$ _____

Total Estimated Project Cost \$ _____

Total Funds Requested \$ _____

General Information

Are You Currently Receiving any Federal/State Cost-Share Funds for the Treatment Acres?

☐ Yes ☐ No

If Yes, Please List Which Program, Practices and the Year Cost-Shared

Program (ex. EQIP, etc.)	Practice (Rx Burn, etc.)	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Management Plan for Property* ☐ Yes ☐ NoForester Involvement ☐ Consulting ☐ Industry ☐ TIMO/REIT ☐ TFS ☐ None

Forester Name

Forester Address

Forester Phone

****Copy of management plan should be submitted either electronically or mail****The applicant should sign and return the application along with all pertinent information relating to the proposed project. By signing the application, the Applicant is only requesting consideration for project funding.*

Applicant's Signature

Date

Please submit signed application with all supporting documents including a signed W9 form to:

Texas Longleaf Conservation Assistance Program
Texas A&M Forest Service
200 Technology Way, Ste. 1281
College Station, TX 77845
Phone: (979) 458-6658

Project/Practice Certification

The following table should be completed and signed by a LIT verifying practices applied for have been implemented and cost-shared

Date Completed	Practice/Activity	Acres Treated	Cost Share Paid (Yes/No)	Date Paid

Approved TFS/LIT Member Signature

Date