**Texas Longleaf Conservation Assistance Program**

**Application – Revised 2023**

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| **Project Name:** |  |
| **Project Manager Name & Affiliation** *(must be an employee of an official Longleaf Team Organization, and not directly affiliated with the project property)***:** |  |
| **Phone:** |  |
| **Email:** |  |
| **Landowner Name:** |  |
| **Mailing Address:** |  |
| **Phone:** |  |
| **E-mail:** |  |
| **County of Project Activity:** |  |
| **Ownership type (Circle One):** | **Private TIMO REIT** |
| **Primary Contact Information**  **(if different than landowner):** |  |
| **Location Description** (Include description and location of any existing adjacent or nearby longleaf)**:** | |
| **Project Acres:** |  |
| **Total contiguous acres under ownership:** |  |
| **Total planned, suitable, and existing longleaf acres at this location:** |  |
| **Estimated Date of Completion:** |  |
| **Project Center: Latitude/ Longitude** | 00.00 ° N Latitude, -00.00 ° W Longitude |
| **Shapefiles or KML (required):** | |
| **Current Site Condition (per Project Manager):** | |

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| **Brief description of proposed management activities and long-term objectives**:  **Photos of Treatment Area (before):**  **Project map (include property location, boundary, treatment area, north arrow and legend):** |
| **Have you received any Federal/State Cost-assistance for project area acreage? If yes, please list which program and practices and contract end date(s).**  **Do you have a current written management plan for the property?**  **If yes, please include a copy.** |

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| **Reimbursement Request:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **PRACTICE** | **TLCAP Reimbursement** | **Project Acres / # Seedlings** | **Total Requested Reimbursement** | **Approx. Practice Date** | | **SITE PREPARATION** |  |  |  |  | | Mechanical | $100/ac |  | $ |  | | Air or Ground Herbicide | $50/ac |  | $ |  | | Rx Fire | $35/ac |  | $ |  | | **Site Prep Total:** | **Max: $185/ac** |  | **$** |  | | **PASTURE CONVERSION** |  |  |  |  | | Herbicide (up to 4 treatments) | $30/ac |  | $ |  | | Mechanical (rip) | $60/ac |  | $ |  | | **Site Prep Total:** | **Max: $185/ac** |  | **$** |  | | **PLANTING** | | |  |  | | Hand-plant | $30/ac |  | $ |  | | Seedlings (number: ) | $0.14/seedling |  | $ |  | | **Planting Total:** |  |  | **$** |  | | **INTERPLANT/REPLANT** | | | | | | Containerized seedlings (number) | $0.05/ea |  | $ |  | | **Interplanting/Replanting Total:** |  |  | **$** |  | | **MAINTENANCE** |  |  |  |  | | Rx Fire  (list percentage  L | $30/ac |  | $ |  | | Approximately what % of fire will be in SMZ? | |  |  |  | | Band spray over planted seedlings | $30/ac |  | $ |  | | Hand control of competition | $100/ac |  | $ |  | | TSI Skidder Spray | $90/ac |  | $ |  | | **Maintenance Total:** | **Max: $165/ac** |  | **$** |  | |  |  |  |  |  | |  | **Total Reimbursement Request:** | | **$** |  | |

To be considered for cost-assistance, the landowner should sign and return this application, include a location map and a project area map.

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Applicant’s Signature Date

NOTE: A completed and signed W-9 will need to be submitted before any reimbursement of project cost can be made.

**\*\*Proposed work MAY NOT begin until the project is approved and a contract has been signed by all parties\*\***