Application for Texas Longleaf Conservation Program  
TX-LLP-014

Applicant Contact Information

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<tr>
<th>Name</th>
<th>Address</th>
<th>Phone Number</th>
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Property Location

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<tr>
<th>County</th>
<th>Latitude</th>
<th>Longitude</th>
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SGA  | Longleaf Ridge | Big Thicket

General Location* ______________________________

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

Property Information

<table>
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<tr>
<th>Total Acres</th>
<th>Total Treatment Acres*</th>
<th>Ownership Type**</th>
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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
- ☐ Longleaf Pine Conservation
- ☐ Bottomland Hardwood

Practices Applied For

- ☐ Prescribed Burning
- ☐ Site Preparation
- ☐ Tree Establishment
- ☐ Forest Stand Improvement
- ☐ Easement Closing Costs

Description of Proposed Management Activities

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
Estimated Project Completion Date: ______________

Estimated Project Cost:

Prescribed Burning $__________

Tree Establishment $__________

Site Preparation $__________

Forest Stand Improvement $__________

Easement Closing Costs $__________

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

<table>
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<tr>
<th>Program (ex. EQIP, etc.)</th>
<th>Practice (Rx Burn, etc.)</th>
<th>Year</th>
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Current Management Plan for Property*  ☐ Yes  ☐ No

Forester 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

<table>
<thead>
<tr>
<th>Date Completed</th>
<th>Practice/Activity</th>
<th>Acres Treated</th>
<th>Cost Share Paid (Yes/No)</th>
<th>Date Paid</th>
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Approved TFS/LIT Member Signature __________________________  Date __________________________