**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 percentageL | $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:** | **$** |  |

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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\*\***