

VIRGINIA DEPARTMENT OF FORESTRY
EMERALD ASH BORER PROGRAM COST-SHARE APPLICATION



Application Deadline – June 22, 2020

Have treatment(s) been previously performed? Yes No Application Number: _____
(VDOF USE ONLY)

SECTION 1 – Applicant Information

Landowner/Organization Legal Name: _____
 Mailing Address: _____
 Contact: Phone: _____ Email: _____
 Property Location: County: _____ Date of Last Treatment (if applicable): _____
 Estimated Total Cost: _____ Note: In order to process this application, a treatment quote or bid must be attached.

SECTION 2 – Ash Preservation Strategy

What measures have you previously taken to promote the health of your ash tree(s)? Explain how you/your organization plans to approach maintenance, monitoring, re-treatment and outreach/education efforts concerning your ash tree(s) in the next 5-10 years (i.e., pruning, mulching, hanging signage):

SECTION 3 – Landowner Agreement

I request funding under the Emerald Ash Borer Treatment Cost-Share Program for the indicated project. I agree:

1. Assistance shall be 50% of direct project costs for injection treatment of emamectin benzoate, not to exceed \$1,250 per landowner (tax identification entity) or \$5,000 per organization (tax identification entity) per federal fiscal year (10/01-09/30).
2. To notify VDOF as soon as possible if the project is cancelled.
3. To refund any incentive payments along with a 10% penalty fee if the healthy living trees are removed within three years of treatment.
4. To designate and assume responsibility for boundaries of the parcel where service work is to be performed; and to give VDOF employees the right to enter the property for the purpose of inspecting the progress and maintenance of the project.
5. To provide treatment quotes/bids with the initial application and to provide receipts upon completion. This program provides cost-share for projects up to \$15/inch in diameter. Incentive payment cannot exceed \$7.50 per DBH inch.
6. To complete the project within the appropriate treatment time frame and 90 days from the date of approval by the forest health budget manager. Otherwise, the project will be cancelled.
7. To ensure the treatment is done by a VDACS state-certified pesticide applicator.
8. Failure to meet any of the standards described will result in forfeiture of these cost-share funds.

 Landowner/Agent Name (Print) Landowner/Agent Signature Date

SECTION 4 – VDOF Forester Approval

Tree #	Species	DBH (in.)	Live Crown (Percent)	Comments

Site Comments (i.e., historic site, rare species, amount of EAB damage, etc.):

Tract No.: _____ Latitude: _____ Longitude: _____

I certify that the above project is needed and, if properly carried out according to the above agreements, qualifies for reimbursement payment under the Emerald Ash Borer Treatment Cost-Share Program.

 VDOF Forester Name (Print) VDOF Forester Signature Date

VIRGINIA DEPARTMENT OF FORESTRY
EMERALD ASH BORER PROGRAM COST-SHARE APPLICATION



Application Number: _____
(VDOF USE ONLY)

SECTION 5 – VDOF Forest Health Approval

Cost-Share Amount Allotted: _____

Forest Health Budget Manager Name (Print) Forest Health Budget Manager Signature Date

SECTION 6 – Certification of Completion

Section 6 must be completed and all documentation submitted by September 21, 2020

I certify that the above project was completed according to the above recommendations.

Date Treatment Performed: _____

Final Project Cost: _____

Final Cost-Share Amount: _____
(50% of Project Cost)

Landowner/Agent Name (Print) **Landowner/Agent Signature** **Date**

Note: In order to process this application, a Taxpayer ID Number is required. Therefore, please complete a **State W-9** (Request for Taxpayer Identification Number and Certification) and return it with your certification of completion to VDOF Headquarters Office.

If payment needs to be split between multiple landowners, a completed Form 3.10 Multiple Landowner Supplement and additional **State W-9** form(s) are required.

In order to process your reimbursement, proof of payment is required. Please return a paid invoice (\$0.00 balance) with your certification of completion.

VDOF Headquarters Office/Finance Use Only		
		CVN: _____
Cost Code: _____	Amount: _____	Approved for Payment: _____