



Pine Bark Beetle Prevention Program Logger Incentive Cost-Share Program

First Commercial Pine Thinning

Forestry Topic 28

April 2024

The Importance of Thinning

When pine trees grow close together, they begin to compete for light, water and nutrients. The best way to keep pine trees healthy is to give them all the sunlight they can use. This means thinning the forest periodically so that each pine has room to expand its branches and roots. With plenty of light and space, they will continue to grow well and remain resistant to bark beetles.

There are many bark beetles that attack pine trees. By far, the most destructive is the southern pine beetle. A southern pine beetle outbreak can kill up to several million dollars' worth of timber, reduce recreational values and create fire hazards. Thinning is the preferred and predominant strategy for reducing a forest stand's susceptibility to southern pine beetle.

Logger Incentive Program

The Virginia Department of Forestry (DOF) offers a Logger Incentive Cost-Share Program to support first commercial pine thinning on small tracts of land that are often too small to justify the overhead costs associated with moving to and working on the site. The incentive covers 100% of itemized costs claimed

by the logger, not to exceed \$4,000 in cost-share payments per application. Examples of appropriate costs include: labor/hours for truck drivers and equipment operators; mileage and/or hours for use of transports, bulldozers, skidders or other equipment; materials such as gravel, grass seed, culverts, mats and bridges, or other contractual services.



Program Details

- ◆ Parcel must be 5 to 30 acres in size.
- ◆ Pine species must be loblolly, shortleaf, longleaf, pond, Virginia, pitch or white pine.
- ◆ Parcel must be between 12 and 22 years of age.
- ◆ Parcel must have a minimum basal area of 110 square feet per acre or 350 trees per acre. Parcel must be thinned to a target of 60-80 square feet per acre or 100-250 trees per acres of live, healthy, undamaged volume. Parcel must not be in public or forest industry ownership, or be managed by a Timber Investment Management Organization (TIMO) or Real Estate Investment Trust (REIT).
- ◆ Parcel must not adjoin another parcel being thinned under the same landownership.
- ◆ Applicant must be a certified SHARP logger (or equivalent if not in Virginia).
- ◆ Applicant must not owe the DOF any civil penalties or other outstanding debt.
- ◆ Applicant may not receive more than \$12,000 per federal fiscal year (10/1-9/30).
- ◆ The DOF reserves the right to discontinue this program at any time.

This program is supported by the USDA Forest Service, Forest Health Protection.

More Information

For more information about the Logger Incentive Cost-Share Program, contact your local DOF office or visit the agency website at www.dof.virginia.gov.

For more information about services or programs in your area, contact your local DOF office:

www.DOF.Virginia.gov



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VIRGINIA DEPARTMENT OF FORESTRY
PINE BARK BEETLE PREVENTION PROGRAM
LOGGER INCENTIVE COST-SHARE APPLICATION



Application Number: _____

SECTION 1 – Applicant Information

Logger Name: _____

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 application.

Logger NAID Number: _____ SHARP Logger ID: _____

Property Location: Tract Number: _____ Parcel: _____

Latitude: _____ Longitude: _____

Note: Attach a tract map highlighting the entire acreage to be harvested (IFRIS PDF file preferred).

Parcel Description: Stand Age: _____ Pine Species: _____

SECTION 2 – Harvest Description

Total Acres to be Thinned: _____

Initial Stocking: _____ trees per acre OR _____ sq. ft per acre

Target Stocking Following Thinning: _____ trees per acre OR _____ sq. ft per acre

Description of Harvest Plan: _____

SECTION 3 – Logger Agreement

I request funding under the Pine Bark Beetle Prevention – Logger Incentive Cost-Share Program for the indicated harvest project. I agree:

1. Each application is for ONE parcel and that assistance shall be 100% of itemized logging costs, not to exceed \$4,000 per parcel for conducting a first commercial thinning that meets the following requirements:

- ◆ Parcel must be 5 – 30 acres in size.
- ◆ Parcel must be between 12 and 22 years of age.
- ◆ Parcel must have a minimum basal area of 110 sq. ft. per acre or 350 trees per acre.
- ◆ Parcel must be thinned to a target of 60 – 80 sq. ft. per acre or 100 – 250 trees per acres of live, healthy, undamaged volume.
- ◆ Parcel must be non-industrial, private use only. This also excludes property owned by Real Estate Investment Trusts (REITs) and Timber Investment Management Organizations (TIMOs).

2. To provide Form 3.9 Forestry Cost-Share or Grant Program Certification of Work Completed as an itemized statement of cost.
3. That I may not receive more than \$12,000 per federal fiscal year (10/01-09/30) per tax identification entity.
4. I am a certified SHARP Logger (or equivalent if not in Virginia).
5. I do not currently owe the Virginia Department of Forestry any civil penalties or other outstanding debt.
6. Failure to meet any of the standards described will result in forfeiture of these cost-share funds.

Logger Name (Print) _____ Logger Signature _____ Date _____

SECTION 4 – DOF Approvals

I certify that the above project is needed and, if properly carried out according to the above recommendations, will qualify for incentive payment under the Pine Bark Beetle Prevention – Logger Incentive Cost-Share Program.

Forester Name (Print) _____ Forester Signature _____ Date _____

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

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

Final Project Cost: _____ Final Cost-Share Amount: _____
(See Form 3.9, attached)

Forester Name (Print) _____ Forester Signature _____ Date _____

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