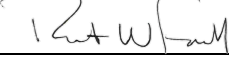


Policy and Procedure 6-4

Forest Pest Treatment Cost-Share Program

Issued By: Robert W. Farrell, State Forester  **09/07/2023**

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Codes/Mandates: N/A

References: N/A

Forms: [Form 3.10 Multiple Landowners Supplement](#)
[Form 3.11 Cost-Share/AMP Project Amendment](#)
[Form 6.07 Hemlock Woolly Adelgid Treatment Cost-Share Program Application](#)
[Form W-9 Request for Taxpayer Identification Number and Certification](#)

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PURPOSE

To provide instructions for administering the Forest Pest Treatment Cost-Share Program, which provides financial assistance to landowners and organizations that take action to protect tree species threatened by invasive forest pests, therefore improving the forest health in Virginia.

POLICY

It shall be the policy of the Virginia Department of Forestry to manage the Forest Pest Treatment Cost-Share Program in accordance with the requirements of the program as governed by the USDA Forest Service. Trees approved for treatment under this program are hemlock (*Tsuga*) threatened by the hemlock woolly adelgid. Additional host trees threatened by other forest pests may be added at a later date as determined by the DOF Forest Health Manager.

DEFINITIONS

“Agency” and “DOF” means the Virginia Department of Forestry.

“**Commonwealth**” means the Commonwealth of Virginia.

“**DBH**” means diameter at breast height.

“**Hemlock Woolly Adelgid or HWA**” means the insect “*Adelges tsugae*” in any living stages.

“**EPA**” means the US Environmental Protection Agency.

“**Federal fiscal year**” means the 12-month accounting period observed by the US government which begins on October 1 and ends on September 30.

“**Organization**” means an entity seeking cost-share incentives, such as: municipalities, non-profit organizations, schools, universities, homeowner’s associations, etc. “Disregarded” tax identification entities such as sole proprietorships and LLCs, they do not classify as organizations.

“**VDACS**” means the Virginia Department of Agriculture and Consumer Services.

PROCEDURES

Cost-Share Incentive for Landowners and Organizations

Eligibility- Hemlocks

- ◆ Hemlock (*Tsuga*) species must be eastern or Carolina
- ◆ The following treatment practices are considered eligible for cost-share:
 - Trunk Injection- only treatments with an imidacloprid product
 - Soil Injection- only treatments with an imidacloprid or dinotefuran product
 - Soil Drench- only treatments with an imidacloprid or dinotefuran product
 - Basal Bark Spray-only treatments with an imidacloprid or dinotefuran product
- ◆ All pesticide applications must be conducted by a Certified Pesticide Applicator in good standing with VDACS, or applied on private property by the landowner.
- ◆ All treatments must take place during an appropriate time period when the ground is not frozen.
- ◆ All treatment applications must be conducted in accordance with the directions for use as they appear on the product label that has been approved by the EPA.
- ◆ Treatments should not be performed more frequently than specified or more than the per acre limit listed on the product label.

Location

- ◆ This program is open to landowners and organizations statewide.

Reimbursement Payment

- ◆ Cost-share payment is a reimbursement up to 100% of direct project costs for the treatment of approved hemlock trees with approved methods, up to \$500. If sum of project costs is over \$500, then cost-share payment will be \$500 OR 50% of direct project costs, whatever is higher. Cost-share payment may not exceed \$1,500 per landowner.
 - Department of Forestry services or outside consulting fees will not be considered as part of project costs for purposes of calculating cost-share.
- ◆ If select trees in a bid/treatment quote do not qualify for cost-share, an adjusted allotment will be detailed in the approval letter and cost-share payment shall not exceed that allotted amount.
- ◆ Projects must have total direct costs of greater than or equal to \$100 to be approved for cost-share. \$100 is the minimum amount that will be reimbursed.

- ◆ Receipts and/or invoices with a balance of \$0.00 must be submitted with the final reimbursement request in order for the reimbursement payment to be disbursed.
- ◆ One cost-share payment will be computed upon completion of the project. Fiscal vouchers will be submitted to the State Treasurer for disbursement of the cost-share payment.

Maximum Allowance

Approved landowners and organizations will be reimbursed for the direct project costs of treating approved trees with the approved treatment methods. Reimbursement will not exceed:

- ◆ 100% of direct project costs up to \$500 (no match component)
- ◆ 50% of treatment costs for projects over \$500, OR \$500, whichever amount is higher.
- ◆ \$1,500.00 maximum per landowner or organization.

Application Process

Application

- ◆ Use Form [6.07 Hemlock Woolly Adelgid Treatment Cost-Share Program Application](#) to apply. If the landowner reports multiple landowners in Section 1, a completed [Form 3.10 Multiple Landowners Supplement](#) will be required.
- ◆ In order to be considered for cost-share, the landowner/organization must provide the following to a DOF forester prior to application submission:
 - Sections 1-3 of Form 6.07 completed
 - Estimation of costs in the form of (1) a treatment quote or bid from a certified pesticide applicator, OR (2) an itemized list of estimated costs for products associated with treatments if landowner or organization will be conducting treatment themselves.
- ◆ The area forester must visit or have visited the parcel for which an application is being submitted to ensure it meets the requirements of the program. If treatment is performed and/or paid for prior to forester approval (disregarding previous treatment cycles), the application will automatically be rejected. Area foresters should not approve the application without first taking this step. In order to approve the application, the area forester must sign (Section 4 of Form 6.7) and send a **hard-copy** of the application to the Forest Health Technician at the Headquarters Office for ranking and assignment of a Forest Pest cost-share application number. No follow-up inspections are required, this is the point where the local foresters' obligations end.
 - Sign-up will occur on a continuous basis during the open enrollment period or until funds are depleted. The Forest Health Budget Manager may discontinue the program and application process at any time when sufficient funding is no longer available.
 - The Forest Health Technician will process the applications, and will send approval or rejection letters, via the US Postal Service, within 14 days following each application submittal. If approved, the letter will include a [State Form W9](#), Section 6 of Form 6.7, and [Form 3.10 Multiple Landowners Supplement](#) (if applicable) which will need to be completed by the applicant and returned to the Forest Health Technician within 90 days of approval.
- ◆ Incomplete or non-relevant applications will be rejected or sent back to the area forester and/or landowner for modification. If modifications are made, the updated application must be re-submitted to HQ.
 - There is no enrollment deadline so long as funds are available.
 - If approved by the Forest Health Budget Manager, the application will be assigned an allotted cost-share amount and will be returned to the landowner or organization representative.
 - The treatment must be completed within the appropriate treatment time frame (the ground must not be frozen) to be eligible for reimbursement. Applicants may schedule the treatment(s) prior to receiving approval if they plan to treat their tree(s) regardless of cost-share approval or denial.

Canceling a Project

When cancelling a project after approval, the applicant must notify the Forest Health Technician via email as soon as possible so the funds may be reallocated. The original application will be marked as cancelled.

Amending a Project

When it is necessary to amend a project from the original approved application, a [Form 3.11 Cost-Share/AMP Project Amendment](#) must be completed and approved.

Completion of Project

- ◆ The final application (Form 6.7, Section 6) is completed by entering:
 - Final project cost
 - Date treatment performed
 - Final Cost-Share amount (DOF or consulting fees should not be included)
 - Landowner/organization agent must sign certifying that the project was completed as specified and approved in the original application.
- ◆ The landowner/organization must send the application package to the Forest Health Technician at the Headquarters Office containing the following:
 - Final completed [Form 6.7](#)
 - [State Form W-9 Request for Taxpayer Identification Number and Certification](#) for the landowner (SSN) or organization (IEN)
 - Receipts/invoices with a balance of \$0.00 showing clearly that it has been paid
 - [Form 3.10 Multiple Landowners Supplement](#) delegating cost-share percentages between Multiple Landowners (if applicable). If the cost-share payment is being split amongst multiple landowners, one W-9 per landowner must be submitted.
- ◆ The forest health technician or forest health program support technician will request a Cardinal Vendor Number for each landowner/organization and submit with final application package to the finance office for reimbursement.

IRS Requirements

The landowner or organization representative must complete, sign, and date the [State Form W9](#). The applicant(s) will send the State Form W9 directly to the Headquarters Office where it will be held on file to comply with IRS 1099 reporting regulations. State Form W9 needs to be submitted only one time, as long as the information requested remains valid.

Headquarters Office

The forest health technician will review final applications:

- ◆ Verify completion of [Form 6.7](#).
- ◆ Ensure accurate final project cost and cost-share amount.
- ◆ Obtain final approval from the forest health budget manager.
- ◆ Forward original application to Finance Office with supporting documentation.
- ◆ Finance Office will then process the reimbursement payment.

AUTHORITY

This policy and procedure is issued by the Virginia state forester.

INTERPRETATION

The forest health program manager, director of forest resource management and deputy state forester are responsible for the interpretation of this policy and procedure.

APPROVAL

I certify that this policy and procedure is approved and ready for publication.

Lori Chamberlin

Forest Health Program Manager Name (Print)

DocuSigned by:



8/29/2023

Forest Health Program Manager Signature

Dean Cumbia

Director of Forest Resource Management Name (Print)

DocuSigned by:



9/6/2023

Director of Forest Resource Management Signature

Ed Zimmer

Deputy State Forester Name (Print)

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9/6/2023

Deputy State Forester Signature