|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | | | 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 map highlighting the project areas (IFRIS PDF file preferred). | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION 2 – BMP Project Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Type: | | | | | BMP Installation | | | | | | | Portable Bridge | | | | | | | | (Check all that apply) | | | | | | | | | | | | |
| Location: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description of Plan: | | | | | | | (Include details of the project; attach additional sheets or copy of pre-harvest plan, if necessary.) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION 3 – Applicant Agreement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I request funding under the Logging BMP Cost-Share Program for the indicated harvest project. I agree: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Each application is for ONE parcel and that assistance shall be 75% of direct project costs, not to exceed $6,000 per parcel for BMP installation practices involving the stream(s) identified in the harvest plan document. If the project scope involves the purchase of a portable bridge, assistance shall be 75% of direct project costs plus the portable bridge cost, not to exceed $12,000. 2. To install the required Best Management Practices (BMPs) to the specifications established in the current book “Virginia’s Forestry Best Management Practices for Water Quality Technical Guide.” 3. To provide receipts or a Form 3.9 Forestry Cost-Share or Grant Program Certification of Work Completed as an itemized statement of cost. | | | | | | | | | | | | | | | | | | 1. Total cost-share not to exceed $18,000 per program year (07/01 to 06/30) per tax identification entity. This allows for a maximum of two projects per program year; one with a bridge purchase ($12,000) and one for BMP installation ($6,000). 2. I am a certified SHARP Logger (or equivalent if not in Virginia). 3. I do not currently owe the Virginia Department of Forestry any civil penalties or other outstanding debt. 4. Failure to meet any of the standards described will result in forfeiture of these cost-share funds. 5. That the project must be completed by June 1. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  |  | | | | | | | | | | | | |  |  | | | |
| Logger Name (Print) | | | | | | | | | | | | | |  | Logger Signature | | | | | | | | | | | | |  | Date | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION 4 – VDOF Approval | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 Logger BMP Cost-Share Program. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  |  | | | | | | | | | | | | |  |  | | | |
| Water Quality Engineer or Specialist Name (Print) | | | | | | | | | | | | | |  | Water Quality Engineer or Specialist Signature | | | | | | | | | | | | |  | Date | | | |
|  | | | | | | | | | | | | | |  |  | | | | | | | | | | | | |  |  | | | |
| Logger BMP Cost-Share Manager Name (Print) | | | | | | | | | | | | | |  | Logger BMP Cost-Share Manager Signature | | | | | | | | | | | | |  | Date | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that the above project was completed according to the above recommendations. | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | |
| Stream Crossing Completed to Specifications | | | | | | | | | | | | | Portable Bridge Purchased and Used on Site (if applicable) | | | | | | | | | | | | | | | | | | | |
| Final Project Cost Documentation Submitted | | | | | | | | | | | | | Completion Date: | | | | | | | | | | | | | | | | |  | | |
| Final Project Cost: | | | | | |  | | | | | | | | | | | Final Cost-Share Amount: | | | | | | | |  | | | | | | | |
|  | | | | | | (See Receipts or Form 3.9 attached) | | | | | | | | | | |  | | | | | | | | (75% of Project Cost up to max. allowed) | | | | | | | |
|  | | | | | | | | | | | | | |  |  | | | | | | | | | | | | |  |  | | | |
| Water Quality Engineer or Specialist Name (Print) | | | | | | | | | | | | | |  | Water Quality Engineer or Specialist Signature | | | | | | | | | | | | |  | Date | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VDOF Headquarters Office/Finance Use Only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cost Code: | | |  | | | | | | Amount: | |  | | | | | Approved for Payment: | | | | | | |  | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |