

Stewardship Plan Application & Agreement

Beltrami Soil & Water Conservation District



Healthy Watershed Consortium Grant Initiative

Application

Applicant Name (First, MI, Last)	Cell Phone	Home Phone
Mailing Address (Street or Box, City, State, Zip Code)		
Email Address (optional)		
Designated Plan Writer (*Refer to Beltrami SWCD for list of eligible plan writers)		

I hereby apply for a stewardship plan for the following land(s) that I own:

County	Parcel ID #	Township	Range	Section	1/4, 1/4
Estimated Total Acres			Estimated Eligible Acres		

Agreement

NOTE: The applicant is responsible for coordinating and paying the designated plan writer to complete the Forest Management Plan. The Beltrami SWCD will then reimburse 75% of the total plan cost.

I understand that I will be responsible for 25% of my stewardship plan cost. _____ (landowner's initials)

I understand that this is a reimbursement program. _____ (landowner's initials)

I understand that the Beltrami SWCD will receive a copy of the Forest Management Plan _____ (landowner's initials)

I understand that I won't know the final cost for my plan until the forester has the opportunity to look at my property to determine the eligible acres. _____ (landowner's initials)

Upon MN DNR-approval of the final Forest Management Plan, the applicant shall bring in the plan and an invoice from the designated plan writer to receive cost-share reimbursement.

A deadline has been set to return the final Forest Management Plan and invoice by July 31, 2021 in order to receive payment.

I, as the landowner, am asking for a stewardship plan and agree to pay the fee for the creation and delivery of the stewardship plan.

Applicant Signature	Date
SWCD Signature	Date

*Eligible parcels must be wooded and total at least 20 contiguous acres.

Office Use Only

Actual Eligible Acres: _____ Total Cost of Plan with Actual Eligible Acres: _____

75% Cost-Share Reimbursed to Landowner: _____ Date: _____ Initial: _____