

Stewardship Plan Application & Agreement

Beltrami Soil & Water Conservation District



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
Watershed:			Estimated Total Acres:	Estimated Eligible Acres:	
<input type="checkbox"/> Mississippi Headwaters (75%) <input type="checkbox"/> Upper/Lower Red Lake (60%) <input type="checkbox"/> Thief River (75%) <input type="checkbox"/> Clearwater River (75%)					

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 either 60% or 75% of the total plan cost, depending on project location.

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.

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.