

Notice: Persons applying for Private Forest Landowner Grant Funds, as provided in s. 26.38, Wis. Stats., must provide complete information requested on this application. Personally identifiable information collected may be used for purposes other than that for which it was originally collected. Under Wisconsin's Public Records laws, the DNR is required to provide all non-confidential information to any person who requests it. Such information may be provided to the public in written or electronic form.

* Grants will be awarded February 1, May 1, August 1 and November 1, provided funding is available.

CHECK HERE IF LANDOWNER IS REQUESTING EMERGENCY FUNDING DESIGNATED BY THE CHIEF STATE FORESTER

Instructions			For DNR Central Office Use	
Page 1: To be completed and signed by the Landowner Applicant.			Grant Number	
Page 2: To be completed by the DNR Forester assigned to the county where property is located.				
W-9 Form: To be completed and returned with application.				

Landowner Applicant

Last Name	First Name	MI	Email
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Business Name (As used on W-9 for tax purposes)

Address	Phone Number (include area code)
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City	State	ZIP Code	FAX Number (include area code)
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Property Information - Location where practice(s) will be completed

County		<input type="radio"/> Village <input type="radio"/> City <input type="radio"/> Town of						Total Forest Stewardship Plan Acreage					
Township	Range	Section	1/4	1/4	Gov't Lot #	Section	1/4	1/4	Gov't Lot #	Section	1/4	1/4	Gov't Lot #
N	<input type="radio"/> E <input type="radio"/> W												

Have you previously received a **WFLGP** Grant? Yes No

Are you also applying for grants from other governmental programs (e.g. EQIP, CSP, etc.)? Yes No

Please consult the DNR forester assigned to the county where your property is located and discuss which practice(s) would benefit your property. The practice(s) must be completed within 24 months of the date the DNR approves your application. The practice(s) must be maintained for a minimum of 10 years from the start date of your grant.

Please note: Landowners cannot apply for other management practices until there is a Forest Stewardship Plan in place on the property.

Applicant Certification

I certify that I own 10 acres of contiguous forest and not more than 500 acres of forest land within the State of Wisconsin. As a condition of and prior to my receiving any payment from the department, I also agree to complete and submit a W-9 form, including provisions of my Taxpayer Identification Number (either SSN# if an individual or EIN# if business) to be used for tax purposes.

Applicant Signature	Date
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- Important:**
1. A completed and signed W-9 form must be attached.
 2. Page 2 must be completed and signed by the approving DNR forester.
 3. Successful applicants will receive an award letter from the DNR indicating that work may begin. Costs incurred prior to the award letter date are not eligible.

Wisconsin Forest Landowner Grant Program (WFLGP) Application

Form 2400-126 (R 06/21)

Page 2 of 2

Instructions: Page 2 to be completed by the approving DNR Forester.

Eligible Private Forest Practice - Available only to applicants with a Forest Stewardship Plan already in place

- Priority 1 Forestry Practices (WFLGP Practice(s) 1-4):**
1. Stewardship Plan Development
 2. Reforestation and Afforestation
 3. Forest Health and Improvement
 4. Soil and Water Protection and Improvement

- Priority 2 Forestry Practices (WFLGP Practice(s) 5-7):**
5. Wetland and Riparian Protection
 6. Wildlife Habitat Enhancement
 7. Endangered or Threatened Resources, Rare Natural Community, Historic, Cultural and Archaeological Protection, Restoration, Enhancement and Maintenance

Is some or all of the land on pg. 1 currently enrolled in Managed Forest Law (MFL)? Yes No

Does the landowner have an existing Forest Stewardship Plan? Yes No

If no, please select which plan the landowner is applying for:

non-MFL Forest Stewardship Plan

MFL Forest Stewardship Plan and wants _____ acres of their property included

DNR Forester Completes this section when approving practice(s)

Practice Number	Component Code	Number of Units	Unit Type (e.g., acres, hrs)	Estimated Payment 50% of Total	Needs Determination:
TOTAL					

An approval amount must be filled in before submitting application to the DNR's Central Office.

Approval of Request

DNR Forester (print/type)	DNR Forester Signature	Phone Number (include area code)	Date
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PAYMENT REQUEST

Landowner Applicant: *(Fill in Landowner Name and Address at time of reimbursement.)*

Payment Request: PARTIAL (provide number of units completed)				Grant No.	Payment Request: FINAL (provide number of units completed)				Grant No.
Component Code	No. of Units	Unit Type	Actual Cost	Payment Requested	Component Code	No. of Units	Unit Type	Actual Cost	Payment Requested
TOTAL					TOTAL				

An approval amount must be filled in before submitting payment request to the DNR's Central Office.

Partial Payment					Final Payment				
Certification of Completion					Certification of Completion				
DNR Forester Signature			Date		DNR Forester Signature			Date	