



**Florida Department of Agriculture and Consumer Services
Florida Forest Service**



**WILTON SIMPSON
COMMISSIONER**

**Hurricane Idalia Silviculture Recovery Program
Budget Worksheet 2024**

51ER24-2, Florida Administrative Code

LANDOWNER INFORMATION: (please print)

Name: _____
Last (or IRS name of entity) First M.I.
 Address: _____ City: _____ County: _____ State: _____ Zip: _____
 Preferred Phone: (____) _____ Applicant Email: _____

PROPERTY LOCATION: County: _____ STR: _____ - _____ - _____ Lat: _____ Long: _____

NOTE: Payment will not exceed \$250,000 per agreement. Payment will be determined based on the lesser of:
 • The maximum reimbursement payment limit established for each practice, or
 • 75% of the landowner's total cost for each practice defined in their contract.

PROJECT BUDGET: **CF Fill in this section after practice is completed**

| Check Below | Practice | Trees Per Acre | Acres to be Treated | No. of seedlings to purchase | Maximum Cost-Share Payment Limit | Payment initially requested | Total Acres Treated | No. of seedlings purchased | Total cost incurred | Final payment requested | |
|---|-------------------------------------|----------------|---------------------|------------------------------|----------------------------------|-----------------------------|---------------------|----------------------------|---------------------|-------------------------|--|
| | Mechanical Site Prep Type: _____ | N/A | | N/A | \$ /ac | \$ | | N/A | \$ | \$ | |
| | Chemical Site Prep | N/A | | N/A | \$ /ac | \$ | | N/A | \$ | \$ | |
| | Post-Planting Chemical Weed Control | N/A | | N/A | \$ /ac | \$ | | N/A | \$ | \$ | |
| | Burning Site Prep | N/A | | N/A | \$ /ac | \$ | | N/A | \$ | \$ | |
| | Seedlings: Containerized | trees /ac | | | \$ /1000 | \$ | | Containerized | \$ | \$ | |
| | Bareroot | trees /ac | | | \$ /1000 | \$ | | Bareroot | \$ | | |
| | Planting method: Machine Hand | N/A | | N/A | \$ /ac | \$ | Actual TPA: | | \$ | | |
| TOTALS: | | | | | | | | | \$ | \$ | |
| <small>(Payment requested not to exceed \$250,000.00)</small> | | | | | | | | planted ac | \$ | | |

Species to be planted: _____ Planned time of treatment (month/yr): _____ Other Specifications: _____

***Attach to this application: (1) a tract map** that meets ALL specifications and requirements listed in the Hurricane Idalia Silviculture Recovery Program Map Preparation Guidelines booklet, Attachment C.

INITIAL PROJECT APPROVAL:

By signing this document, I certify that I have read and agree to all program requirements and covenants listed in the Request for Application for this program.

Participating Landowner: Signed: _____ Date: _____

FFS Forester Approval: Signed: _____ Date: _____

FFS Program Manager Approval: Signed: _____ Date: _____

CERTIFICATION OF ACCEPTANCE:

I hereby submit to the Florida Department of Agriculture and Consumer Services my attached documentation of expenses incurred to complete the reforestation practice(s) on my property in accordance with program requirements and the completion summary table above.

Participating Landowner: Signed: _____ Date: _____

FFS Forester Approval: Signed: _____ Date: _____

*I certify that the practice has been completed according to program requirements, and that the information listed above is correct to the best of my knowledge.

FFS Program Manager Approval: Signed: _____ Date: _____