

State Service Provider Application Funding Allocation & Reimbursement Request Form



Program Name: Helene Timber Loss Relief Program

County: _____	NCFS District: _____	Program year: _____	SSP Request #: _____ <small>For HQ Office Use Only</small>
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Service Provider Information	State Service Provider Name (print or type) _____	XXX-XX-____ / XX-XXX _____ <small>Last 4 Digits of Social Security or Tax ID #</small>
	State Service Provider Business Name, if applicable (print or type) _____	Reg/Lic/SAF Cert Forester # _____ State Issued _____
	Address _____ City _____ State _____ ZIP Code _____	
	Phone Number _____ Email Address _____	

SSPP Funding Allocation Request	Landowner Name / Company _____	Landowner Phone # _____	Landowner Email _____
	Landowner Application # _____	Landowner Tract Name _____	County Parcel Tax ID # _____
	Program Reimbursement Rates		Project Request
	Total Woodland Acreage in Parcel	Flat Rate	
	10 - 100 Acres	\$1,500	Est.# of Woodland Acres _____ Estimated Reimbursement Rate _____
	101 - 250 Acres	\$2,500	<small>For HQ Office Use Only</small>
	251 - 500 Acres	\$4,000	
	501 - 1,000 Acres	\$5,000	
	1,001 + Acres	\$6,500	Practice Code _____ Approved Funding Amount _____
	Ineligible Acres	\$1,500	Project Funded By (initials) _____ Funding Approval Date _____
* Maximum Reimbursement Payment is \$6,500 per project			

Signatures	Signature of State Service Provider/Company Representative _____	Date _____
	Signature of NCFS Representative _____	Date _____

NCFS Performance Report	Date Damage Assessment Report Submitted _____	Total Woodland Acres _____	Project Ineligible? _____	Landowner Tract _____	Invoice Total _____
	Performance Report Approval, Signature of NCFS Representative _____				Date _____

Payment (HQ Office)	Payment Amount _____	Approver's Initials _____	Payment Approval Date _____