

# 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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<b>Service Provider Information</b>	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 _____		

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

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

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

<b>Payment (HQ Office)</b>	Payment Amount _____	Approver's Initials _____	Payment Approval Date _____