

Maine Forest Service Project Assistance Agreement

For implementation of assigned NRCS contracts

NRCS Contract # _____

Landowner name: _____ **Telephone number:** _____

Co-owner or
legal representative: _____
Social Security or
Federal ID number: _____

Mailing address: _____ E-mail (optional): _____
(street address, city, state, zip)

Property information:

Town: _____ Road _____ Tax map and lot numbers _____

Program/Practice Code/Practice component/Task/Reimbursement NTE Rates (\$/unit)/ Total units/ max total cost-share (estimated)

Pre-fill:

Forest Management Plan: *Although not necessarily required, if you have a current Forest Management Plan (FMP) for the property, please fill in the following:*

Was the plan cost-shared through a government program? ___ MFS ___ NRCS ___ Not cost-shared
Date of FMP _____ (month/yr).
Forester/other individual who prepared the FMP _____

Is the proposed project recommended in the plan or an amendment to the plan? ___ Yes ___ No
(MFS may review to determine if the practices are compatible with the plan)

***Stewardship Forester:** Name _____ License #: _____

I have agreed to provide professional forestry services for this project. I understand that I am free to set or negotiate my own service rates with the landowner.

Stewardship Forester signature: _____ Date _____
No Stewardship Forester chosen yet ___

***Landowner statement and signature:**

I certify that the above information is accurate to the best of my knowledge. I understand that any practice for which I receive cost-share funds must be maintained for the lifespan of the practice. I also understand that either party reserves the right to end this Agreement with written notice as to cause.

Landowner signature(s) _____ Date _____

**signatures of Stewardship Forester and Landowner REQUIRED*

Please return this form to Maine Forest Service, Landowner Outreach Forester, 22 State House Station, Augusta, ME, 04333-0022; andrew.h.shultz@maine.gov