



# WoodsWISE



*Incentives to Stewardship Enhancement*

## Woodland Resource Action Plan – Claim for Payment

*Forest Management Planning is made possible in part by the USDA Forest Service's Stewardship Program.*

**Landowner:**

**PAYEE Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Social Security OR Federal ID #:** \_\_\_\_\_ (required)

I am hereby making claim for cost-share payment under the WoodsWISE program for (*check one*):

- FMP-5a      Development of a Woodland Resource Action Plan (10-50 wooded acres)
- FMP-5b      Development of a Woodland Resource Action Plan (51+ wooded acres)

The plan was prepared by \_\_\_\_\_ (Stewardship Forester)  
on \_\_\_\_\_ (date) for \_\_\_\_\_ wooded acres in the town of \_\_\_\_\_.

Landowner signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Objectives: (1<sup>st</sup>) \_\_\_\_\_ (2<sup>nd</sup>) \_\_\_\_\_  
(3<sup>rd</sup>) \_\_\_\_\_ (4<sup>th</sup>) \_\_\_\_\_

District Forester:  
Plan meets MFS standards: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Documentation complete/acceptable: \_\_\_\_\_ Yes \_\_\_\_\_ No

Total property acres: \_\_\_\_\_  
Total forested acres: \_\_\_\_\_

Total plan cost: \_\_\_\_\_

District Forester signature: \_\_\_\_\_

Cost-share payment authorized:
_____
Signature of Division Director:
_____
Date _____