

Eastern Region | State and Private Forestry | June 2022

FOREST HEALTH PROTECTION COOPERATIVE (Non-Federal) LANDS FOREST PEST TREATMENT FUNDING REQUEST

1.S&PF Eastern Region	2. Agency (if applicable):	3. Organization Name:	4. State:	5. Fiscal Year:	
6. Project Name:					
7. Primary Project Goal (check only one)	☒	Protect Threatened/Endangered Species Habitat	8. Proposed Project Is In: (check only one)	☒	Critical Wildlife Habitat
	☐	Eradicate Exotic Insect/Disease/Weed Infestation		☐	Wildland/Urban Interface
	☐	Protect Developed Sites/High Value Trees		☐	General Forest Area
	☐	Protect Adjacent Private Land		☐	Other (specify):
	☐	Protect Native Vegetation (forests and trees)		9. Project Is: (check only one)	☐
	☐	Other (specify):	☐		Not Urgent
10. Primary Strategy: ☐ Prevention ☐ Eradication ☐ Suppression ☐ Restoration					
11. Primary Pest(s):					
12. Primary Host(s):					
13. No. Acres Proposed:					
14. Treatment Method(s):					
15. Treatment Material(s) (if applicable):					
16. Treatment Rate(s) (if applicable):					
17. Project Activities:			Fiscal Year Targets and Costs		
			a. Proposed Acres	b. Funding Requested (\$)	
(1). Treatment					
(2). Total Funding Requested				\$	
18. Project Lead ¹ :					
		Title:		Date:	

¹Please provide the name of the individual who will be the primary point of contact for coordination and communication with U.S. Forest Service, Forest Health Protection staff.

→ Continue onto page 2 to complete, 19. Brief Project Description & Remarks.

→ Save your form and attach as instructed in the Request for Applications.

19. Brief Project **Description** & Remarks: Provide a concise but detailed project description that includes the following: 1) Project goals, strategies, objectives, and tactics; 2) Treatment area(s); 3) Timing of treatment(s); 4) Pesticides, delivery method, and application rate(s), if applicable; and 5) Budget.

19. (cont. from page 2) Brief Project **Description** & Remarks

