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)		8. Proposed Project Is In: (check only one)	
	Protect Threatened/Endangered Species Habitat		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)	Urgent (treatment must be done this year to be effective)
	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:

[1]Please 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

USDA is an equal opportunity provider, employer, and lender.