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)	
○	Other (specify):	○	Urgent (treatment must be done this year to be effective)
		○	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. Submitted By: Title: Date:

Save and send as per instructions in the call letter and remember to complete the detailed project description on page 2, which can be continued onto page 3, if needed. You will need to manually cut and paste the continuation on page 3 since this doesn't happen automatically.

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

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