



Mississippi Forestry Commission

Forest Resource Development Program

Cost Share Agreement

Form 660.2
Rev 1/2019

Public Land % 40 16 4S 7W 4630 40 26
Sec Twn Rng County # Board # FY

Landowner Information

64-6000513

First Name

Last Name

SSN / Tax ID#

Jackson County School District

Agency / Business Name / In Care Of / LLC / LP / Trust / Etc.

4700 Colonel Vickery Road Vancleave MS 39565
Address City State Zip

(228)-826-1761

Email Address

Telephone #

Fax #

Escrow Bal

(Complete all that apply)

Tree Planting		Herbaceous / Mid-Rotation		Burning	
Type	Acres	Type	Acres	Type	Acres
Pine (01)		Post Herbaceous Banded (36)		Site Prep (20)	
Hardwood (02)		Post Herbaceous Brdcst (39)		Silvicultural (21)	
Free Seedlings (03)		Combo Woody/Herbaceous (19)			
Containerized Longleaf (22)		Mid-Rotation Vegetation (62)			100 LN FT
Bare Root Longleaf (23)		Fertilization - Stand Health (41)		*Firebreaks (27)	
Containerized Loblolly (24)		Pre-Commercial Thin (33)		*(Total length in feet / 100)	
Light Site Prep		Heavy Site Prep		Release	
Type	Acres	Type	Acres	Type	Acres
Chemical (06)		Chemical (12)		Release (17)	
Mechanical (07)		Mechanical (13)			
		Post Planting Site Prep (14)			
				Site Prep Natural Regeneration	
				SPNR (25)	
Special Case					
Job Code: 67		Acres: 640		Description: Forest Stewardship Plan Update	

I will utilize the cost-share assistance for timber growing and improvement for a minimum of 10 years, or reimburse the state in full if the authorized practice(s) are destroyed (excluding acts of nature or wildfire) before this mandatory period expires. The participant is liable for compliance unless requirements of the program are legally transferred to a new owner of the property. No federal funds or any other cost-share assistance will be used on the same acreage described above. I will comply with all Federal and State labor laws. I agree that I will bear all costs prior to reimbursement. I certify that I am the legal owner of the property upon which the services are requested. I understand that if approved, I will be paid at the current cost-share rate, or 75% of the actual cost, whichever is less.

Landowner Signature _____

Date: _____

Region Office Approval _____

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