



# Wyoming State Forestry Division Fuels Mitigation Cost-Share Application

**ATTENTION:** Projects must meet requirements described on the “Western States Wildland Urban Interface Grant Cost-Share Practices and Rates” information sheet, including signature to a Wildfire Mitigation Assessment and Plan.

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**City/State/Zip:** \_\_\_\_\_

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

**Practice Location:**

**Property Address of Treatment (if applicable):** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Latitude (Decimal Degrees):** \_\_\_\_\_

**Longitude (Decimal Degrees):** \_\_\_\_\_

REQUESTED PRACTICE	UNITS REQUESTED / EXTENT	PRACTICE RATE	COST-SHARE RATE	OBLIGATED COST-SHARE
Defensible Space			50%	
Fuel Treatment			50%	
Fuel Breaks			50%	

**Wildfire Mitigation Plan Final Signature Date:** \_\_\_\_\_

**For Area Treatments, Spatial Data Collected on this Date:** \_\_\_\_\_

**Obligated Project Funds will be reverted back to the Program after this Date:** \_\_\_\_\_

\*Please note that these are grant funds that expire. Projects must be completed, paperwork submitted and verified, and funds reimbursed prior to the grant expiration date. Please check with Fuel Mitigation Coordinator for program grant expiration dates.

I verify that I have the legal authority to enter into this agreement on behalf of all interests in the above described property. I understand that furnishing any false or misleading information will nullify and invalidate this application and may be prosecuted under applicable state and/or federal law. I certify that no form of discrimination because of race, creed, color, sex, national origin or for any other reasons will exist in the performance of the authorized services. I certify, under penalty of perjury, that each item included in this application is correct, and that the application contains no false information.

\_\_\_\_\_  
Landowner Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Fuels Mitigation Coordinator Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Wyoming State Forestry Division Signature \_\_\_\_\_  
Date

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