North Dakota Statewide Windbreak Renovation Initiative Inspection - Certification and Reimbursement Form



LANDOWNER INFORMATION		1			
Landowner Name:	wner Name: NDF				
PROJECT DESCRIPTION & COSTS					
Cash Expenses					
Practice Description	Units (acres, feet, etc.)	Completion Date		Cost* *Attached copy of receipt or invoice showing zero balance due and/or cancelled check	
Total Cash Expenses			nses	a)	
Landowner In-Kind					
Practice Description	Units (acres, feet, etc.)	Completion I	Date	Value* *Use the look-up table to calculate values	
Total Landowner In-Kind			Kind	b)	
TOTAL PROJECT COST (add a + b)			c)		

INSPECTION & CERTIFICATION						
Name & Title of NDFS Authorized	I hereby certify that the windbreak renovation project has been completed as described					
Inspector:	in the NDFS Windbreak Renovation Agreement and Project Practice Description above*.					
	NDFS Inspector Signature	Date				
	*Attach photos of completed practices.					
Landowner Certification						
I certify that the attached documents are a true, accurate and complete accounting of the costs to complete the Forest						
Restoration/Windbreak Renovation project described and referenced in my NDFS Windbreak Renovation Agreement and Project						
Practice Description above. I can be reached at (one contact method is required)						
Phone	_ email	to answer any questions regarding this Form				
or attachments.						
X						
Landowner Signature	Da	te				

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PROJECT REIMBURSEMENT						
50% landowner match requirement						
	d)					
Total Project Cost (line c from page 1 d						
Forest Restoration Credit Acres of Forest Restored X 5-year aver						
X 10 Years						
X	X 10 =			e)		
Acres Rental Rate				- /		
* See current County Rents and V	alues for North Dal	kota, available fi	rom the North Dakota			
Department of Trust Lands: http://www.land.nd.gov/surface/RentSurvey.aspx.						
				f)		
Line d) \$ Less line e) \$ Less line b) on page 1 \$ =				Do not enter a negative		
				amount. If this value is		
				negative, enter "0"		
Total cash expenses - line a) on page	1 \$					
Total cash expenses - line a) on page	· ·					
Less Line f)	\$					
Total Reimbursement	\$		or \$10,000 - whichever is LESS.			
NDFS USE ONLY						
Amount \$		Current M/ 0.0	e file			
Payee		Current W-9 O	n me			
Payee Mailing Address						
Fund Number						
Approval Signature						
Date		=				

If you would like assistance filling out this form, please contact:

Liz Smith, Forestry Incentives Specialist, NDSU-ND Forest Service liz.smith@ndsu.edu 701.400.8330

Submit this Form and all required attachments to:

North Dakota Forest Service 300 2nd Ave. NE, Suite 208A Jamestown, ND 58401

form updated 3-15-16