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



LANDOWNER INFORMATION								
Landowner Name:		NDFS	S Agreement Number:					
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			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			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	i.					
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.							
Χ							
Landowner Signature	C	ate					



(page 2 of 2)

PROJECT REIMBURSEMENT *** do not round dollar amounts- include cents in all calculations**							
50% landowner match requirement							
	d)						
Total Project Cost (line c from page 1 o							
Forest Restoration Credit							
Acres of Forest Restored X 5-year avera							
X 10 Years							
X	X 10 =			e)			
Acres Rental Rate		-					
* See current County Rents and Values for North Dakota, available from 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 af on page 1	ـــــــــــــــــــــــــــــــــــــ						
Less Line f)	\$						
···· · · ·	•						
Total Reimbursement	Fotal Reimbursement \$ or \$10,000 - whichever is LESS.						
NDFS USE ONLY							
Amount \$			Total PC (FR				
Payee			\$				
Payee Mailing Address				0/			
		-	LU C/IK Ş	% %			
Fund Number			РКС 3	70			
Approval Signature				^^ I \$			
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 4-5-16