



Division of Forestry & Fire Protection
 Forest Health Program
GRANT APPLICATION
 CFDA# 10.680 –Western Bark Beetle Initiative (500+ acres)

RETURN THIS FORM TO:
 Division of Forestry & Fire Protection
 Attn: Jason Moan
 550 W. 7th Ave., Suite 1450
 Anchorage, AK 99501
 Phone: (907) 269-8460
 Email: wbbi@alaska.gov

The intent of this grant opportunity is for bark beetle prevention, suppression, or restoration practices.
 This application is for a cost-share reimbursable grant.
 Applications must be returned by **Friday, September 29, 2023**. Grants will be awarded on a competitive basis.

APPLICANT INFORMATION

Name: _____ Home Phone: _____
 Contact Person, if organization: _____ Work Phone: _____
 Mailing Address: _____ Cell Phone: _____
 City, State, Zip: _____ Email: _____

Type of applicant: Individual Multi-parcel group. List other group applicants' names: _____

Are you the landowner? Yes No
 If you do not own the property, or if you own the property in partnership, you must have all landowners' signed permission:
 Landowner Name: _____ Landowner Phone: _____

 Landowner Signature Name and Title (print) Date

PROPERTY LOCATION (fill in the most applicable lines for your property, not all lines are required)

Address if different from mailing address above: _____
 Physical location description/directions: _____
 Borough: _____ Parcel Number: _____
 Legal Description: _____
 Latitude: _____ DD.dddd DMS Longitude: _____ DD.dddd DMS

PROPOSED PROJECT DESCRIPTION

Ownership Acreage: _____ Treatment Acreage: _____
 Description: (What do you propose to do and why)

APPLICANT'S REQUEST, AGREEMENT, ACKNOWLEDGEMENT, AND AUTHORIZATION

- I request cost-share assistance to meet the objective of the grant indicated above. I have not yet started this project and I understand that if I begin the project before receiving written approval, I may be denied funding.
- I acknowledge that all records and documents retained by the Division of Forestry related to this project may be subject to public disclosure under Alaska laws.
- I authorize a representative of the Division of Forestry to have access to the project site area.
- I have attached a State of Alaska Substitute Form W-9, which is required for reimbursement.

Applicant Signature _____
Date

This institution is an equal opportunity provider. This funding is made possible by the USDA Forest Service.