Mississippi Forestry Commission

Forest Resource Development Program

Cost Share Agreement

Form 660.2
Rev 1/2019

Public Land %	40	Sec	Twn	Rng	County #	Board #	FY
	1	16	6S	6W	4630	40	2027

Landowner Information

First Name	Last Name	SSN / Tax ID#
		64-6000513

Jackson County Board of Education

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

Address	City	State	Zip
4700 Colonel Vickrey Road	Vancleave	MS.	39565

Email Address	Telephone #	Fax #	Escrow Bal
	(228)826-1757		

(Complete all that apply)

Tree Planting

Type	Acres
Pine (01)	
Hardwood (02)	
Free Seedlings (03)	
Containerized Longleaf (22)	
Bare Root Longleaf (23)	
Containerized Loblolly (24)	

Herbaceous / Mid-Rotation

Type	Acres
Post Herbaceous Banded (36)	
Post Herbaceous Brdcst (39)	
Combo Woody/Herbaceous (19)	
Mid-Rotation Vegetation (62)	
Fertilization - Stand Health (41)	
Pre-Commercial Thin (33)	

Burning

Type	Acres
Site Prep (20)	
Silvicultural (21)	
	100 LN FT
*Firebreaks (27)	

*(Total length in feet / 100)

Light Site Prep

Type	Acres
Chemical (06)	
Mechanical (07)	

Heavy Site Prep

Type	Acres
Chemical (12)	
Mechanical (13)	
Post Planting Site Prep (14)	

Release

Type	Acres
Release (17)	

Site Prep Natural Regeneration

SPNR (25)

Special Case

Job Code: 67 Acres: 640 Description: Forest Inventory/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 _____ Date: _____