



SEQUESTERING CARBON AND PROTECTING FLORIDA LAND PROGRAM

NICOLE "NIKKI"
FRIED

LANDOWNER INFORMATION: (please print)

Name: _____
Last (or IRS name of entity) First M.I.

Address: _____ City: _____ County: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Email Address: _____

PROPERTY LOCATION: County: _____ STR: _____ - _____ - _____ Lat: _____ Long: _____

PROJECT BUDGET:

Fill in this section after practice is completed

Check Below	Practice	Trees per acre	Acres to be treated	No. of seedlings to purchase	Incentive payment rate	Payment initially requested	Total acres treated	No. of seedlings purchased	Total cost incurred	Final payment requested	
<input type="checkbox"/>	Mechanical Site Prep Type: _____	N/A		N/A	\$ /ac	\$		N/A	\$	\$	
<input type="checkbox"/>	Chemical Site Prep	N/A		N/A	\$ /ac	\$		N/A	\$	\$	
<input type="checkbox"/>	Burning Site Prep	N/A		N/A	\$ /ac	\$		N/A	\$	\$	
<input type="checkbox"/>	Seedlings: containerized __ bareroot __				\$ /1000	\$			\$	\$	
	Planting method: machine __ hand __	trees/ac		N/A	\$ /ac	\$		N/A	\$	\$	
TOTALS:											
(payment requested not to exceed \$118,312.50)							ac		\$	\$	\$

Species to be planted: _____ Planned time of treatment (month/yr): _____

Other Specifications: _____

***Attach to this application: (1) a tract map** that meets ALL specifications and requirements listed in the 201 Sequestering Carbon and Protecting Florida Land Program Map Preparation Guidelines booklet Attachment C.

INITIAL PROJECT APPROVAL:

By signing this document I certify that I have read and agree to all program requirements and covenants listed in the Technical Guidelines for this program.

Participating Landowner: Signed: _____ Date: _____

FFS Forester Approval: Signed: _____ Date: _____

FM Bureau Chief Approval: Signed: _____ Date: _____

CERTIFICATION OF ACCEPTANCE:

I hereby submit to the Florida Department of Agriculture and Consumer Services my attached documentation of expenses incurred to complete the reforestation practice(s) on my property in accordance with program requirements and the completion summary table above.

Participating Landowner: Signed: _____ Date: _____

FFS Forester Approval: Signed: _____ Date: _____

*I certify that the practice has been completed according to program requirements, and that the information listed above is correct to the best of my knowledge.

FM Bureau Chief Approval: Signed: _____ Date: _____