

Application Number: _____ Date Received: _____

BITTER ROOT RC&D HAZARDOUS FUELS PROGRAM

Hazardous Fuels Treatment Grant – Cost Share Application

Bitter Root Resource Conservation & Development Area, Inc.

P.O. Box 870, 1709 North First Street

Hamilton, MT 59840

Phone: (406) 363-5450 Fax: (406) 363-5451

APPLICANT INFORMATION

Mailing Address:			
City/Town:	State:	Zip:	Phone:
Contact Person:			
Address if different from applicant:			
City/Town:	State:	Zip:	Phone:
Landowner (if other than applicant):			
City/Town:	State:	Zip:	Phone:

PURPOSE (Check one or more)

A. Hazardous Fuels reduction

B. Defensible Space Creation &

Maintenance

PROJECT INFORMATION

Legal Description:	¼	¼	¼	Section	Township	Range
Total Acres to Treat: Attach Project Area Map			Total Acres of Land Owned:			
Brief Project Description:						

Type of match proposed. Would you be doing the thinning, pruning and slash disposal yourself or would you hire the work out to be done by a contractor? : _____

Proximity to National Forest, Wildland Urban Interface Boundary: _____

Neighborhood Landowners involved or interested in doing similar work on their lands: _____

Community or neighborhood served: _____

Will this project protect municipal or community watersheds? What are the other values that need protecting from wildfire on your property (i.e., historic/cultural sites, timber values, old growth, riparian areas, etc.)?: _____

Have you (landowner) previously demonstrated a commitment to reducing hazardous fuels? If so, how, where and how much has been accomplished on this land? _____

Will completed projects on your land demonstrate success to others? _____

Would you be willing to utilize the wood products (Chips, posts, poles, pulp, small saw logs, large saw logs) that could be marketed to help you pay for your work? Would you be willing to find out more about this if your application is accepted? _____

Are you willing to meet the treatment specifications necessary to reduce the fire risk of your property by thinning to an average of 10 feet between crowns of trees, pruning up to 12 feet or 1/3rd the height of the tree whichever is less and treating all of the slash? _____

Are there any special considerations we need to know about on your land that may limit the ability to meet the treatment specifications (i.e., conservation easement, special landowner desires, etc.)? _____

SITE DESCRIPTION AND LAND USE HISTORY

Soils Type: _____

Range of % Slope: _____ Avg. % Slope: _____

Site Accessibility (roaded or unroaded): _____

Prominent Vegetation (i.e., timber type, grassland, riparian area, etc.): _____

Live Streams adjacent to or running through the area: _____

Land Use History (What was the land use as far back as you have knowledge and how is it being used now?): _____

Signature of Applicant

Date

E-Mail Address:

Please a map of the property on a separate sheet of paper. Plat maps, aerial photos, USGS Topo are preferred but a sketch map is acceptable. Delineate general land use areas such as pastures, timbered areas, burned areas, etc., into management units. Include approximate locations of structures and other features (streams, fences, bridges, other improvements, etc.). Show approximate location of proposed project work area and the acreage proposed for cost-share work. If you have developed a land stewardship plan for your property, please include a copy.