



Michigan Department of Natural Resources – Forest Resources Division



FOREST STEWARDSHIP PROGRAM MANAGEMENT PLAN WRITING GRANT APPLICATION

Required by authority of Part 5 of 1994 PA 451, and the U. S. Cooperative Forestry Assistance Act of 1978, CFDA 10.664, in order to be considered for a grant.

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|--|--|
| Name of Applicant/Organization | Name of Applicant's Contact Person |
| Address | Telephone |
| City, State, ZIP | Federal Employer Identification Number (FEIN) / Social Security Number |
| Telephone | Certified Plan Writer Name(s) |
| E-mail | |
| Estimated Number of Management Plans to be Completed | Amount of Grant Requested (maximum 50% of total project amount) \$ |
| Estimated Total Number of Acres | Amount of Match (minimum of 50% of total project amount) \$ |
| Narrative (Optional) | |

Are you currently debarred or suspended for participation in Federal Assistance programs? Yes No
(See Application Information - IC4065-4A)

I certify that the above information is true and accurate to the best of my knowledge.

Applicant or Designated Representative's Signature

Date

For further information contact the Forest Stewardship Coordinator at 517-335-3355.

**Submit completed application to: FOREST STEWARDSHIP PROGRAM
FOREST RESOURCES DIVISION
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30452
LANSING MI 48909-7952**

_____ Program Services Representative Initials