

VIRGINIA DEPARTMENT OF FORESTRY  
**EMERALD ASH BORER PROGRAM**  
**COST-SHARE APPLICATION**



Soil Drench       Injection      Application Number: \_\_\_\_\_

**SECTION 1 – Applicant Information**

Landowner/Organization Name: \_\_\_\_\_

Note: In order to process this application, a Taxpayer ID Number is required. Therefore, please complete a State W-9 (Request for Taxpayer Identification Number and Certification) and return it with your application.

Mailing Address: \_\_\_\_\_

Contact:      Phone: \_\_\_\_\_      Email: \_\_\_\_\_

Property Location:      County: \_\_\_\_\_      Tract Number: \_\_\_\_\_

Latitude: \_\_\_\_\_      Longitude: \_\_\_\_\_

**SECTION 2 – Ash Preservation Strategy**

Explain how you/your organization plans to approach maintenance, monitoring, re-treatment and outreach/education efforts concerning your ash tree(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Total Cost: \_\_\_\_\_ Note: In order to process this application, a treatment quote or bid must be attached.

**SECTION 3 – Landowner Agreement**

I request funding under the Emerald Ash Borer Treatment Cost-Share Program for the indicated project. I agree:

1. Assistance shall be 50% of direct project costs, not to exceed \$1,250 per landowner (tax identification entity) or \$5,000 per organization (tax identification entity) per federal fiscal year (10/01-09/30).
2. To refund any incentive payments along with a 10% penalty fee, if the project is not completed as prescribed.
3. To designate and assume responsibility for boundaries of the parcel where service work is to be performed; and to give VDOF employees the right to enter the property for the purpose of inspecting the progress and maintenance of the project.
4. To provide treatment quotes/bids with the initial application and to provide receipts upon completion.
5. To complete the project within the appropriate treatment time frame and 90 days from the date of approval by the Forest Health Budget Manager. Otherwise, the project will be cancelled unless a request for extension (Form 3.11 Cost-Share/AMP Project Amendment) is received within three weeks of the cancellation date detailed in the approval letter.
6. Failure to meet any of the standards described will result in forfeiture of these cost-share funds.

I give permission to VDOF to share the information on this form with Virginia Tech for a study of treatment program outcomes.

\_\_\_\_\_  
Landowner/Agent Name (Print)      Landowner/Agent Signature      Date

**SECTION 4 – VDOF Approvals**

| Tree # | Species | DBH (in.) | Live Crown (Percent) | Treatment Type |
|--------|---------|-----------|----------------------|----------------|
|        |         |           |                      |                |
|        |         |           |                      |                |
|        |         |           |                      |                |

Comments (i.e., historic site, rare species, amount of EAB damage, etc.):

\_\_\_\_\_  
\_\_\_\_\_

I certify that the above project is needed and, if properly carried out according to the above recommendations, will qualify for incentive payment under the Emerald Ash Borer Treatment Cost-Share Program.

Forester Name (Print)      Forester Signature      Date

Forest Health Budget Manager Name (Print)      Forest Health Budget Manager Signature      Date

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**SECTION 5 – Certification of Completion**

I certify that the above project was completed according to the above recommendations. Final Project Cost: \_\_\_\_\_  
Final Cost-Share Amount: \_\_\_\_\_  
(50% of Project Cost)

Landowner/Agent Name (Print) \_\_\_\_\_ Landowner/Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

VDOF Headquarters Office/Finance Use Only  
Cost Code: \_\_\_\_\_ Amount: \_\_\_\_\_ Approved for Payment: \_\_\_\_\_