

**Vermont Forest Land Enhancement Program (FLEP)
PRACTICE APPLICATION FORM (VT FLEP 2)**

Name:

Address:

Telephone:

Email:

Town(s) Parcel is Located in:

Total Acres (Grand List):

PRACTICE(S) APPLIED FOR:

FLEP #	Practice Title	Extent Requested (ac., ft. ...)	Extent Approved	Cost-Shares Approved	Extent Performed	Cost-Shares Earned

A **FLEP Practice Plan** must be submitted with this application. If the practice is already part of a current plan on file, first check with the county forester, it may be good enough. If not, the plan must include:

1. Forest Plan or Practice Plan Map – sufficient for someone unfamiliar with the property and practice location to find the practice. Use Value map, annotated to show practice location is fine.
2. Present status of the area to be treated and reason why practice is needed.
3. Landowner Objective – what do you hope to accomplish with this practice?
4. Practice description and extent. This may include a copy of the FLEP technical specifications for the practice. Practice must be in compliance with Use Value Management Plan if applicable.

Notification of approval or denial of cost-shares will be sent for each individual practice applied for. Do not begin work on any practice before receiving authorization (VT FLEP Form 2) from Department of Forests, Parks and Recreation. Standard Practice expiration date is one year from date of approval.

LANDOWNER SIGNATURE _____ DATE _____

Approved Stewardship Plan Current and on File? Y(____) N(____)

EXPIRATION NOTICE—Date practice must be completed and reported by: _____

Practices and amounts approved as initialed above by Forester for the Vermont Department of Forests, Parks & Recreation:

Signature Position Date