

Mullen Fire Recovery Grant Hazard Mitigation Cost-Share Application

Please only fill out the top section for initial application

Name: _____ Phone: _____

Mailing Address: _____

City/State/Zip: _____

Email Address: _____

Project Location:

Property Address of Treatment (if applicable): _____

City/State/Zip: _____

County: _____

Latitude (Decimal Degrees): _____

Longitude (Decimal Degrees): _____

****DO NOT FILL OUT - THIS BOX TO BE FILLED OUT AT THE TIME OF YOUR PROJECT INSPECTION****

REQUESTD PROJECT	UNITS REQUESTED / EXTENT	PROJECT RATE	COST-SHARE RATE	OBLIGATED COST-SHARE
Hazard Fuels Reduction			75%	
Stabilization of Soils/Slopes			75%	

Resource Professional Final Signature Date: _____

For Area Treatments, Spatial Data Collected on this Date: _____

Obligated Project Funds will be reverted back to the Program after this Date: _____

I verify that I have the legal authority to enter into this agreement on behalf of all interests in the above-described property. I understand that furnishing any false or misleading information will nullify and invalidate this application and may be prosecuted under applicable state and/or federal law. I certify that no form of discrimination because of race, creed, color, sex, national origin or for any other reasons will exist in the performance of the authorized services. I certify, under penalty of perjury, that each item included in this application is correct, and that the application contains no false information.

Landowner Signature

Date

Resource Professional Signature

Date

County Official Signature

Date

Before Photos _____

After Photos _____