



Hurricane Michael - Forest Debris Management Program (FDMP)

2019 APPLICATION & CONTRACT



Georgia Development Authority & Georgia Forestry Commission

Applicant (Property Owner As listed on Tax Records): _____

Federal Employer Identification Number/SSN _____

Type of Taxpayer S Corporation Partnership/LLC C Corporation Fiduciary Individual

Mailing Address: _____

City: _____ State: _____ Zip Code _____

E-Mail: _____

Home Phone: _____ Cell Phone: _____ Fax No: _____

Land Location - _____ Land Location - Parcel _____

County: _____ #/Description _____

Primary Contact (if different from above) _____ Phone No: _____

Select assistance requested:

<input type="checkbox"/> Forest Type Debris Management	Acres	Est. Total Cost \$
Planted Pine		
Natural Pine		
Upland Hardwood		
Bottomland Hardwood		
Mixed Pine Hardwood		
Total		
* Minimum of 10 acres of forestland * Cost shared at 80% FDMP and 20% owner according to official cost documentation – total payment limitations may apply * Provide estimated total cost of debris management if known		

<input type="checkbox"/> Orchard Type Debris Management	Acres	Est. Total Cost \$
Pecan		
Other- Please specify:		
Total		
* No minimum acreage but must be a commercial orchard * Cost shared at 80% FDMP and 20% owner according to official cost documentation – total payment limitations may apply * Provide estimated total cost of debris management if known		

Have you received or applied for other government assistance to help with debris removal? Yes No
 If yes, please list the name of the program.

Have you received or do you expect to receive income from timber salvage on the parcel? Yes No

Will FDMP funds be used to change a forest or orchard to a different land use? Yes No

Mail To:
 Attn: Forest Management Dept
 Georgia Forestry Commission
 5645 Riggins Mill Road
 Dry Branch, GA 31020
 Phone: 478-751-3485

(NOTE: ALL COST DOCUMENTATION IS REQUIRED TO BE TURNED IN TO GFC WHEN PRACTICE IS COMPLETE)

For Official Use Only

Date Practice to be Completed:	_____		
Initial Needs Approval:	_____		
	GFC Representative	Date	Est. Total Cost
Performance Check Approval:	_____		
	GFC Representative	Date	Total Cost
			Est. Cost Share
Explain any amendments approved by GFC Forester:			
Approved for Payment by:	_____	_____	_____
	Administrative Representative	Date Received	

TERMS & CONDITIONS

In consideration of the benefits that accrue to me by participating in the Forest Debris Management Program, otherwise known as FDMP, I agree to the following terms and conditions in favor of the Georgia Development Authority (GDA) or the Georgia Forestry Commission (GFC):

1. I am the legal owner or have legal authority to act in the legal owner's behalf, of the land described on page 1 of this application and contract. I further certify that I own or have legal authority to act in the legal owner's behalf, of a minimum of ten (10) acres of forestland or a commercial orchard of no minimum acreage damaged by Hurricane Michael.
2. I understand and agree that total maximum payment limitations may be set for all combined debris management practices and that these limitations will be expressed to me in writing upon application approval. Cost share payments will not exceed 80% of the documented landowner cost.
3. I agree to provide the GFC with all cost documentation in writing justifying my expense incurred when my practice is complete, and I further understand and agree that my cost share will not be processed until the full completion of debris management as determined by the GFC Forester.
4. I agree to notify GFC when I have completed installation of all components of debris management, whereupon the GFC Forester will determine component units performed and approved, which will be the basis for my receipt of cost share duly earned.
5. I understand and agree that if any owner, successor, or assignee uses any scheme or device to unjustly or illegally benefit from this program, the financial assistance funds shall be withheld or a refund of all or part of any program payments otherwise due or paid that person shall be secured. A scheme or device includes, but is not limited to, coercion, fraud or misrepresentation, false claims, or any business dissolution, reorganization, revival, or other legal mechanism designed for or having the effect of evading the requirements of FDMP. I further understand that I may not receive duplicate funding from other programs for the practice for which I am applying.
6. Nothing in this application and contract requiring the withholding or refunding of financial assistance funds shall preclude any penalty or liability otherwise imposed by law.
7. I certify that I have no conflict of interest in connection with this contract and that the laws of the State of Georgia regarding conflicts of interest have not been violated in any respect in connection with this contract.
8. I agree that GDA or GFC may, by thirty (30) days written notice to me, terminate this contract in whole or part, without limitation of any other remedy of GFC under this contract.
9. I agree that I may not assign or delegate, in whole or in part, my performance or benefits hereunder without prior written consent of GDA or GFC.
10. I agree that this contract is a Georgia contract made under the laws of the State of Georgia and deemed executed in Georgia. Any suit on a claim arising from this contract must be brought in the Superior Court of Fulton County, Georgia
11. I agree that there are no third-party beneficiaries of this contract.

I have read, understand and agree to all terms and conditions in this application and contract, as attested to by my signature below.

Applicant Name (Print): _____ Applicant Signature: _____

Witness Signature: _____ Date: _____