



# Forest Debris Management Program (FDMP) Performance Form



Return this form & the required information below to your county forester. See the GFC Directory for more information.

\* Submit one form per Name & Customer ID Number when debris management is completed and payment is requested. Use the exact Name & Customer ID Number listed on the approval letter:

Name: \_\_\_\_\_ Customer ID Number: \_\_\_\_\_

**List All Land Parcels Completed:**

Legal Landowner Name According to County Tax Records	County Name & County Tax Parcel Number (exactly as it appears on county tax record)	*FSA Farm Number	*FSA Tract Number	*FSA Field Number(s) Treated	Total FDMP Acres Treated on Parcel	Total FDMP Treatment Cost on Parcel

\* Farms registered with the USDA's Farm Service Agency have farm, tract & field numbers. Leave the 3 columns blank if your farm has never been registered with FSA.

**Information You are Required to Submit for Each Parcel Listed Above-**

- County property tax report - available from qpublic online ( <https://qpublic.schneidercorp.com/> ) or the county tax assessor office - includes owner information, county parcel number and location address for each tax parcel included in the program.
- Location map – road map with the county tax parcel identified
- Aerial photograph map – 1. clearly identify parcel boundary (property lines) and 2. treatment area boundary (areas on which debris management occurred), with the acres listed for each treatment area.
- Official Cost Documentation- Attach an itemized invoice for the work completed. The invoice must exactly match the participant's name as shown on the FDMP 2019 application & contract. Invoices should be itemized including the following information: \* Contractor Invoices - Contractor Name & Contact Information, Dates of Service, Description/Item/Service work completed (hours, miles, acres), County Parcel Number(s) and Total Cost. \* Landowner Invoices – Landowner Name, County Parcel Number, Daily Log of Activities - with a breakdown equipment type & hours operated and hours for labor (not operating equipment) using the actual rate cost incurred but do not exceed the federal cost rates included in this packet and total cost.

*I solemnly swear that the total cost listed above and supported by the cost documentation provided was incurred by me and contractor/ labor invoices are paid or due for debris management resulting from Hurricane Michael on the parcel(s) listed above. I also solemnly swear that I have included all FSA farm, tract and field numbers associated with treated acres on listed land parcel(s).*

Owner Printed Name: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For Official Use Only - Certification of Documents and FDMP Practices

Total Reported Cost: \_\_\_\_\_ Total Approved Cost (not to exceed \$500 per acre): \_\_\_\_\_

80% of Total Approved Cost: \_\_\_\_\_ Funds Originally Allocated: \_\_\_\_\_

**Acres Approved:** \_\_\_\_\_ **Total Cost Share Approved:** \_\_\_\_\_

GFC Forester - Printed Name: \_\_\_\_\_

GFC Forester - Signature: \_\_\_\_\_ Date: \_\_\_\_\_