FOREST AG INSPECTION REQUEST & MANAGEMENT SUMMARY
TAX YEAR 2027

FEE:

Legal Title as Recorded on Property Deed:	**Date:**

A. **PARTICIPANT INFORMATION**

Landowner First Name:	**Last Name:**	
Mailing Address:	**Physical Address/Location of Forest Ag Property:**	
Phone No.:	**Email:**	**County:**
Second Phone No. (optional)**:**	**Second Email** (optional)**:**	**Forested Acres:**
Access Info/Gate Combo:	**Primary Contact** (if not landowner)**:**	**Stewardship Plan Approved:**
Parcel ID No./County unique property identifier:		
Preferred Dates for Inspection:		
Note any updates to parcels, property access, contact information, or other relevant details.		
Supplemental information. Note any forest health or management concerns.		

B. **ACCOMPLISHMENT RECORD**

Accomplishments should align with and reflect the level of implementation of your Annual Work Plan. Keep wood product sale records, receipts and management activity maps for review.

Unit, stand or treatment area	Acres treated	Type of Forest Product produced	Quantity of Product produced	Completion date
Describe management/treatment activity:				

Cost of management activity	Revenue from management activity	List funding sources (grant, cost-share)

Volunteer hours – these are hours that you contributed as time towards implementing your Forest Stewardship Plan. These hours should not be reported to any other federal grant programs. The CSFS will be utilizing these volunteer hours for agency cost-share obligations. If you are reporting Forest Ag volunteer hours to another federal grant program, please do not include them here.	Hours:

Unit, stand or treatment area	Acres treated	Type of Forest Product produced	Quantity of Product produced	Completion date
Describe management/treatment activity:				

Cost of management activity	Revenue from management activity	List funding sources (grant, cost-share)

Volunteer hours – see above	Hours:

Unit, stand or treatment area	Acres treated	Type of Forest Product produced	Quantity of Product produced	Completion date
Describe management/treatment activity:				

Cost of management activity	Revenue from management activity	List funding sources (grant, cost-share)

Volunteer hours – see above	Hours:

Summarized totals (admin only)**:**

Acres Treated: 0	Cost: $ 0.00	Revenue: $ 0.00	Hours: 0

C. **ANNUAL WORK PLAN**

An Annual Work Plan provides a summary of the forest management activities planned for the upcoming year. These activities must align with the implementation schedule described in your Forest Stewardship Plan.

Please indicate which statement applies to you:

◉ I will follow and complete management activities described in my CSFS approved Forest Stewardship Plan implementation schedule as it is currently written. I will notify the CSFS if I need to deviate from the planned activities through an *Application to Change Annual Work Plan* before **June 30**.

- The CSFS inspecting forester will use the implementation schedule in the plan as the basis for what is to be accomplished by the time of inspection.

○ I plan to deviate from the agreed upon implementation schedule as it is currently written in my CSFS approved Forest Stewardship Plan. I will complete an *Application to Change Annual Work Plan* and submit it to the CSFS for approval prior to **June 30**.

- Not indicating an adjustment in planned work through an *Application to Change Annual Work Plan* could result in completing management activities inconsistent with the implementation schedule in your Forest Stewardship Plan which may result in no recommendation.
- Describe the planned *alternative* management activity(s) below:

Unit, stand or treatment area	Acres	Expected Forest Product Type	Expected Quantity of Product
Describe reason for request and proposed management/treatment activity:			
Anticipated cost of activity		Anticipated revenue from activity	

D. **Agreement and Signature**

I, _____ , the owner of the above described forest property, request that the Colorado State Forest Service (CSFS) review my Forest Stewardship Plan and Annual Work Plan for compliance with CSFS Forest Ag Policy and the intent of 39-1-102 (1.6) (a) (II), and I further request that the CSFS inspect the forest management practices applied on my property at a time that is mutually agreeable for the purpose of receiving FOREST AGRICULTURE classification.

I agree to pay a non-refundable annual enrollment fee, required by 39-1-102 (4.4.) CRS, 1990. The annual enrollment fee is based on the current CSFS hourly rate for services and estimated CSFS efforts and time based on forested acres enrolled in the Program (**acres**), which equals the amount of .

I have read, understand and agree to the conditions of participating in the Forest Ag Program and herby certify that the information provided above is true and accurate to the best of my knowledge and belief.

Forest Ag Enrollment Fee	
Forested Acres Covered in Plan	**Enrollment Fee**
40 to <60 acres	$ 309.00
60 to <80 acres	$ 361.00
80 to <100 acres	$ 412.00
100 to <120 acres	$ 464.00
120 to <140 acres	$ 515.00
140 to <160 acres	$ 567.00
160 to <180 acres	$ 618.00
180 to <200 acres	$ 670.00
200 to < 220 acres	$ 721.00
220 to < 240 acres	$ 773.00
240+ acres	$ 824.00

Invoice #

_____

Landowner Signature Date