



Division of Forestry & Fire Protection  
Forest Stewardship Program GRANT  
APPLICATION

CFDA # 10.664 Mat-Su Borough WUI Hazardous Fuel Reduction Grant

**RETURN THIS FORM TO:**  
Division of Forestry & Fire  
Protection  
Trevor DoBell-Carlsson  
550 W 7th STE 1450  
Anchorage AK 99501Or:  
[trevor.dobell@alaska.gov](mailto:trevor.dobell@alaska.gov)

The intent of this grant opportunity is to offer partial reimbursement for eligible expenses associated with removing hazardous fuels.

This application is for a reimbursable grant.

Grants will be awarded on a first-come, first-served basis.

**APPLICANT INFORMATION**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Contact Person, if organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Are you the landowner? ☐ Yes ☐ No

If you do not own the property, or if you own the property in partnership, you must have all landowners' signed permission:

Landowner Name: \_\_\_\_\_

Landowner Phone: \_\_\_\_\_

Landowner Signature

Name and Title (print)

Date

**PROPERTY LOCATION (fill in the most applicable lines for your property, not all lines are required)**

Address if different from mailing address above: \_\_\_\_\_

Physical location description/directions: \_\_\_\_\_

Borough: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Latitude: \_\_\_\_\_ DD.dddd DMS Longitude: \_\_\_\_\_ DD.dddd DMS

**PROPOSED PROJECT DESCRIPTION**

Ownership Acreage: \_\_\_\_\_ Treatment Acreage: \_\_\_\_\_

Description: (What do you propose to do and why)

**APPLICANT'S REQUEST, AGREEMENT, ACKNOWLEDGEMENT, AND AUTHORIZATION**

☐ I request cost-share assistance to meet the objective of the grant indicated above. I have not yet started this project and I understand that if I begin the project before receiving written approval, I may be denied funding.

☐ I acknowledge that all records and documents retained by the Division of Forestry & Fire Protection related to this project may be subject to public disclosure under Alaska laws.

☐ I authorize a representative of the Division of Forestry to have access to the project site area.

Type of applicant: ☐ Individual ☐ Partnership ☐ Organization ☐ Corporation ☐ Government agency ☐ Other (describe) \_\_\_\_\_

☐ Multi-parcel group application (names) \_\_\_\_\_

Applicant Signature

Date