

Cost-Share Applicant Information Sheet

Fire Hazard and Fuels Reduction Program

South Dakota Wildland Fire Division

The objective of the Wildland Urban Interface Fire Hazard and Fuels Reduction Cost-Share Program is to lower the risk of catastrophic fire on private property by conducting fuels treatments in areas that are determined to be a high risk to adjacent homes or wildland urban interface (WUI) areas.

This program is intended to create or enhance survivable space around homes and provide a setting within the WUI where, in the event of a fire, the intensity and rate of fire spread can be reduced. Treatments will be no larger in acreage than that area that is deemed necessary for survivable space. The International Wildland Urban Interface Code and National Fire Protection Association Code 1144 will be followed for specific parameters. Treatment areas will not exceed 6.5 acres, or 300 feet out from structures.

Projects that may be cost-shared are:

- Thinning dense stands of trees
- Firebreaks and fuel-breaks
- Thinning of forest stands and removal of volatile fuels
- Prescribed burning

This program is not intended for the following:

- Removal of select trees due to various forms of tree mortality (i.e. disease/bug tree removal)
- Removal of slash piles, chip piles, and cut & chunk material that has been left as a result of previous treatments, unless posing an immediate threat to the home
- Large-scale (over 6.5 acres) fuels reduction treatments
- Any treatment that does not meet the objectives of this program for creating or enhancing survivable-space around a home

Qualification of a property for the program will be at the discretion of staff of the Wildland Fire Division with final approval from the Urban Interface Specialist.

Application Process: Landowners must first request an initial property visit to determine qualification for cost-share. Once a property owner has been given approval to proceed with the application process, the following application steps will be taken:

1. Landowner submits a completed/signed Request for Cost-Share Assistance form and W-9 form.
2. The landowner must agree to the terms of the fuels reduction prescription written by the South Dakota Wildland Fire Division.
3. The landowner must submit at least 3 bids, following the terms of the prescription, from contractors. If the landowner chooses to perform the work themselves, they may submit an additional bid for their own labor and materials as described on the following page. Only the lowest bid will be accepted for reimbursement, as long as the work estimate is consistent with the terms of the prescription.
 - Landowners are encouraged to get as many bids as possible. ***In instances where a landowner claims inability to obtain 3 bids, they will provide documented dates and names of contractors contacted.***
 - Bids must contain a per acre cost, total project cost, and number of acres to be treated. It is recommended thinning and burning costs are separated.

4. At such time that the project is signed for approval by the designated staff of the South Dakota Wildland Fire Division, the landowner will be informed that work may commence.
5. The landowner is responsible for all work performed on the property, location of property lines, and for the project being done to the standards of the prescription. The landowner will also track all costs for later submittal at project completion. Further landowner responsibilities are described below under the "Liability Statement."
6. When the landowner feels that the project is complete, he/she will contact the Wildland Fire Division for a final inspection and the landowner shall submit a signed Certification of Project Completion form.
7. Copies of invoices and proof of payment for contractual services will be submitted. Detailed explanations of out-of-pocket expenses and in-kind work done as part of the project will also be provided if done by the landowner. (See landowner billing rate below under "Cost-Share Not-to-Exceed Amounts.")
 - The landowner will be sent a reimbursement check for up to one-half of actual incurred costs only. This will not exceed one-half of the lowest bid, subject to established not-to-exceed cost-share amounts as listed below. **Only those costs incurred after project approval will be considered.**
 - **Cost overruns will be the responsibility of the landowner and will not be accepted for reimbursement.**
 - **Projects will not be considered complete until all hazardous fuels are removed from the project site.**
8. Maintenance: As a condition of qualifying for the program, the landowner shall agree to maintain the project area to specifications as outlined in the prescription of the work using Firewise guidelines where appropriate for a minimum of ten years after the completion of the project. The project will be inspected for compliance to the maintenance plan every 2 years by Division personnel. The landowner will be notified of any actions needed and provided non-financial assistance as necessary to keep the project viable for the minimum maintenance period. The landowner agrees to give access to SDWF personnel for the ten year time period for inspection.

Cost-Share Not-to-Exceed Amounts:

- Fuels Reduction Treatment and Thinning (includes mechanical treatment, hand piling/burning and/or chipping): \$800/acre federal reimbursement.
- Pile Burning: \$5.00/pile federal reimbursement.
- Prescribed Burning: \$35/acre federal reimbursement, not to exceed \$3,500 federal reimbursement per project.

If a landowner elects to perform all or part of the work, their time, as well as other individual assistants will be billed at an AD-2 firefighter rate of \$11.62 an hour each not-to-exceed \$150/acre federal reimbursement for all personnel involved in thinning and piling. Pile burning costs will be reimbursed additionally at the above listed not-to-exceed amount.

Liability Statement:

The State of South Dakota will not be held liable for work that is conducted under this program on a landowner's property. The property owner will be responsible for all work being completed to the standards and specifications as described under this program, the prescription written for the project, location of property lines and any issues that may arise with neighboring properties, and the property owner's own expectations. All issues that arise with a contractor will be the responsibility of the property owner.



SOUTH DAKOTA DEPARTMENT OF AGRICULTURE

DIVISION OF WILDLAND FIRE

3305½ West South Street

Rapid City, SD 57702-8160

Phone (605) 394-2584 / FAX (605) 394-5305

Web Address – www.state.sd.us/doa

This letter serves as the hazardous fuels reduction treatment prescription for your property. The objective of this treatment is to reduce loss of lives, properties, and resources by decreasing the threat of a catastrophic fire on your property. This treatment will improve upon the existing survivable space around your home through thinning of trees and brush as required and cleaning up the forest floor. Treatment will improve forest health by removing unhealthy trees, lowering the risk of insect or disease outbreaks, and creating improved conditions for remaining trees, shrubs, and forbs.

Few trees and shrubs should be located within 30 feet of your home. Vegetation remaining in this first zone should be fire resistive, not containing volatile oils and resins, and should be maintained and well watered. Grass within this zone should be mowed to less than four inches. Trees within this zone should be spaced at least 30 feet apart and 10 feet from your home.

Within zone two, 30 to 100 feet from your home, more ornamental vegetation can be planted. Sparse juniper and other coniferous shrubs can be located within this zone. More coniferous trees can be located in zone two than zone one. Trees within this zone should be spaced no less than 25 feet apart.

Zone three is 100 to 300 feet from your home. Treatment of Ponderosa Pine will consist of thinning to actual spacing of no less than 25 feet between crowns. Treatment of spruce will result in scattered groups of 5 to 10 trees spaced approximately 20 feet apart.

The health of deciduous (hardwood) trees can be increased if coniferous trees are clear-cut at least 25 feet around the stand. Larger dominate and co dominate coniferous trees that are straight, with good form and vigor, should be left if they meet the minimum spacing requirements. Diseased; snow bent; deformed; broken, dead, or forked top trees will be removed. It is recommended that trees with defects be removed first, with remaining trees being cut next until the desired spacing is achieved. Stumps shall be no higher than 6 inches on the uphill side. Pine within the prescription area should be limbed to a minimum of 10 feet from the ground or higher on steep slopes; spruce trees are typically not limbed but will be limbed if remaining around structures. Fuels from the forest floor that may consist of broken tree tops, branches, and brush will also be treated by piling, removal, or chipping.

Felled trees and limbs (thinning slash) and broken tops, and previously dead and downed material that is not a result of prior treatment will be removed, chipped and spread to a maximum 4" depth, or piled for later burning when conditions are favorable (with permit approval by SD Division of Wildland Fire). Burn piles will not be located on top of stumps or under the drip line of any tree. The project will not be considered complete for cost-share reimbursement until all fuels are eliminated through burning or removal.

If you have any questions, please don't hesitate to call.

Sincerely,

Andrew Tate

Urban Interface Specialist

South Dakota Division of Wildland Fire

605-394-2584

**SOUTH DAKOTA DEPARTMENT OF AGRICULTURE
WILDLAND FIRE DIVISION
REQUEST FOR COST-SHARE ASSISTANCE**

Applicant Information

First Name: MI: Last Name:

Address:

City: State: ZIP Code:

Home: Work: Cell:

Project Information

Address:

City: State: ZIP Code:

Legal Location: Latitude: Longitude:

Number of Acres: Community:

Applicant Request

I request cost-share assistance to complete the project described above. I agree to complete the entire project by the expiration date or all cost-share funds shall be forfeited. I understand that by completing the application I am not guaranteed cost-share. Upon completion of the project, I agree to provide the Wildfire Suppression Division with proof of my expenses by submitting a copy of a receipt, invoice, or other written document itemizing costs incurred. I understand that I will not receive payment until such proof along with a signed "Certificate of Project Completion" has been received by the Division. I authorize a representative of the Division to have access to the project site area. I have not yet started the project and I understand that if I begin the project before receiving written approval I may be denied funding.

Signature of participant: Date:

Office Use Only

Approved By: Date Approved: Amount Approved: \$

WUI Approved: Date Approved: Date Cancelled:

Project Description:

Program: Expiration Date:

South Dakota Wildland Fire Contractor Contact List

First Name	Last Name	Company Name	Address	City	State	ZIP	Business Phone	Cell Phone
		Affordable Tree	P.O. Box 326	Belle Fource	SD	57717	605-210-2684	
Adam	Altergott	Altergott Forestry	234 Hillcrest Drive	Spearfish	SD	57783		605-639-0238
Brock	Axthelm	Dharma Tree Care	334 East Illinois	Spearfish	SD	57783	208-596-5812	208-596-5812
Bob	Baker	Baker Timber Products	13536 S. Highway 16	Rapid City	SD	57702	605-348-8338	605-381-1589
Bryce	Beachem	Timber Management	PO Box 931	Hill City	SD	57745		605-381-0054
Allan	Bennett	Bennett Branch Busters	313 Industry Rd	Sturgis	SD	57785	605-347-5291	605-347-1960
Tim	Bradeen	Bradeen Skid Steer Services	5156 Ridgeview Rd	Rapid City	SD	57701	605-431-9396	
Jason	Brewer	Bullseye Forest Tree Services	5155 Haines Ave	Rapid City	SD	57701		605-209-00897
Frank	Carroll	Professional Forest Management	415 Montgomery St	Custer	SD	57730		605-440-2039
Troy	Christensen	Eager Beaver Logging	721 E. Chicago St, Lot 8	Rapid City	SD	57701		605-484-9244
Rogelio	Escalante	Escalante Tree Service	10235 Pioneer Ave	Rapid City	SD	57702	605-209-3763	
Cass	Gaughen		22225 US Hwy 385	Deadwood	SD	57732	605-584-3631	
Miguel	Gomez	Dakota Pine Thinning	PO Box 42	Hermosa	SD	57744	605-255-5915	
Alejandro	Gomez	Gomez Lawn Care and Services	PO Box 331	Hermosa	SD	57744	605-390-0987	
Colin	Greenfield	Greenfield Tree Services	1319 7th St. Apt A	Rapid City	SD	57701	303-621-4715	
Phillip	Grumstrup	G&S Forest Management	11525 Crooked Canyon Rd	Black Hawk	SD	57718		605-415-0785
David	Hagel	Hagel's Tree Service	8781 Sheridan Lake Road	Rapid City	SD	57702	605-545-4587	
Seth	Hinz	MB Tree and Landscape	PO Box 86	Sturgis	SD	57785	605-695-3126	605-690-2613
Gerry	Janis	Sawsquatch	3903 West Chicago St	Rapid City	SD	57702	605-858-4694	
LeRoy	Lanphear	Lanphear Enterprises	PO Box 168	Deadwood	SD	57732	605-584-0042	605-580-4448
Mike	McKee	Copper Mt. Timber Management	P.O. Box 784	Hill City	SD	57745		
Gary Kaul	Mike Martin	Advanced Fuels	5626 S. Canyon Rd	Rapid City	SD	57702		605-415-0917
Ron	Moos	Moose's Trees	PO Box 201	Custer	SD	57730	605-673-2672	605-390-1010
Maria	Munoz	Munoz Forestry Service	708 Crazy Horse St	Rapid City	SD	57701		605-209-7947
Sergio	Munoz	SM Logging	PO Box 153	Keystone	SD	57751	605-381-6566	
Aurelio	Munoz	Black Hills Thinning	2400 Lindsey Drive	Rapid City	SD	57702	605-348-3057	605-391-4909
Jake	Nelson	ArborPro Tree Service	1343 13th Avenue North	Fort Dodge	IA	50501	515-570-5577	515-570-5577
Gene	Norman	Neiman Timber Co	PO Box 619	Hill City	SD	57745	605-574-2512	605-391-0287

First Name	Last Name	Company Name	Address	City	State	ZIP	Business Phone	Cell Phone
Cam	Novotny		259 Evans Lane #29	Spearfish	SD	57783		605-639-1945
Eric	O'Connor	Benchmark Forest Management	105 N. Platt	Rapid City	SD	57702		605-391-7044
Luke	Richardson	TLC Construction and Tree	416 North 18th St	Fort Dodge	IA	50501	409-291-3307	409-291-3307
James	Rogers	Rogers Construction	1003 Haley Drive PO Box 637	Whitewood	SD	57793	605-722-4080	605-580-2425
Jim	Sletten		12805 Doris Drive	Black Hawk	SD	57718	605-716-4755	
Corey	Strand	Stranded Outdoors	1401 Edinborough Dr	Rapid City	SD	57702	605-390-0545	
Doug	Wyatt	Abel Forestry		Pringle	SD	57773		605-890-2324
Paul	Yantes	MP Forest Enterprises	310 Oakland St	Rapid City	SD	57701		605-431-6143

For changes or additions, contact the Urban Interface Specialist at 605-394-2584.



Substitute **W-9**

DO NOT send to IRS

Taxpayer Identification Number (TIN) Verification

Print or Type

Please see pages 2 and 3 for instructions.

<p>➤ Legal Name (as shown on your income tax return)</p> <hr/> <p>➤ Business Name, if different from above (use if doing business as DBA, or enter business name of Sole Proprietorship)</p> <hr/> <p>➤ Order-From Address (where orders should be mailed) PO Box or Number and Street, City, State, ZIP + 4</p> <hr/> <p>➤ Remit-To Address (where payments should be mailed, if different from Order address) PO Box or number and street, City, State, ZIP + 4</p> <hr/> <p>➤ Exemptions (see instructions, page 3) Exempt payee code (if any) Exemption from FATCA reporting code (if any)</p>	<p>➤ Entity Designation (check only one) <u>Required</u></p> <p><input type="checkbox"/> Individual / Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Company – Individual <input type="checkbox"/> Limited Liability Company – Partnership <input type="checkbox"/> Limited Liability Company – Corporation <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Hospital Exempt from Tax or Government Owned <input type="checkbox"/> Long-Term Care Facility Exempt from Tax or Government Owned <input type="checkbox"/> Trust/Estate <input type="checkbox"/> Other Entity (specify, e.g., 501(c)(3), etc): _____</p> <hr/> <p>➤ Taxpayer Identification Number (TIN) If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, using your EIN may result in unnecessary notices to the requester. <u>Required</u></p> <p>_____</p> <hr/> <p>➤ Check Only One <u>Required</u></p> <p><input type="checkbox"/> Social Security Number (SSN) <input type="checkbox"/> Employer Identification Number (EIN) <input type="checkbox"/> Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)</p>
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➤ **Certification** (see instructions on page 2)
 Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), AND
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, AND
3. I am a U.S. citizen or other U.S. person, AND
4. The FATCA code(s) entered on this form (if any) indicating I am exempt from FATCA reporting is correct.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Printed Name	Printed Title	Telephone Number ()
Signature of U.S. Person		Date (mm/dd/yyyy)

➤ **Optional Direct Deposit Information** (all fields required to receive electronic payments)

Your Bank Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Name on Bank Account	Bank Routing No. (9-digit ABA #)
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THIS IS A:

new direct deposit change of existing additional direct deposit email change only

E-mail address (Please make this LEGIBLE)

If you provide bank information and an email address, we will send a message notifying you when an electronic payment is issued. You will also receive a PIN for use when logging into the SD Vendor Self Service website at <http://Bfm.SD.gov/Vendor>. We will **NOT** share your email address with anyone or use it for any other purpose than communicating information about your electronic payments to you.

Instructions for Completing Taxpayer Identification Number (TIN) Verification

Legal Name (as shown on your income tax form)

Individuals: Enter Last Name, First Name MI
Sole Proprietorships: Enter Last Name, First Name MI
All Others: Enter Legal Name of Business

Business Name

Individuals & Others: Complete if using a doing business as (DBA) name
Sole Proprietorships: Enter Business Name

Order-From Address

Address where orders should be sent.

Remit-To Address

Address where payments should be sent.

Entity Designation

Check *ONE* box which describes the type of business entity.

Taxpayer Identification Number (TIN)

LIST ONLY ONE: Social Security Number (SSN), or
Employer Identification Number (EIN), or
Individual Taxpayer Identification Number (ITIN).

If you do not have a TIN, apply for one immediately. Individuals use federal [form SS-5](#) which can be obtained from the Social Security Administration. Businesses and all other entities use federal [form SS-4](#) which can be obtained from the Internal Revenue Service.

Certification

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Privacy Act Notice

[Section 6109](#) requires you to furnish your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, or contributions you made to an IRA, Archer MSA, or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not furnish a TIN to a payer. Certain penalties may also apply for providing false or fraudulent information.

Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the *Exemptions* box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* below.

Exempt payee code. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
2. The United States or any of its agencies or instrumentalities
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities
5. A corporation
6. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
7. A futures commission merchant registered with the Commodity Futures Trading Commission
8. A real estate investment trust
9. An entity registered at all times during the tax year under the Investment Company Act of 1940
10. A common trust fund operated by a bank under section 584(a)
11. A financial institution
12. A middleman known in the investment community as a nominee or custodian
13. A trust exempt from tax under section 664 or described in section 4947

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

- A. An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B. The United States or any of its agencies or instrumentalities
- C. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- D. A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
- E. A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
- F. A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G. A real estate investment trust
- H. A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I. A common trust fund as defined in section 584(a)
- J. A bank as defined in section 581
- K. A broker
- L. A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M. A tax exempt trust under a section 403(b) plan or section 457(g) plan

Taxpayer Identification Request

In order for the State of South Dakota to comply with Internal Revenue Service regulations, this letter requests that you complete the enclosed Substitute Form W-9. Failure to provide this information may result in delayed payments and/or backup withholding. This request is being made at the direction of the South Dakota Bureau of Finance and Management in order that the State may update its vendor file with the most current information.

Please return or FAX the Substitute Form W-9 even if you are exempt from backup withholding within (10) days of receipt. Please make sure that the form is complete and correct. **Failure to respond in a timely manner may subject you to a 28% withholding on each reportable payment or require the State to withhold payment of outstanding invoices until this information is received.**

We are required to inform you that failure to provide the correct Taxpayer Identification Number (TIN) / Name combination may subject you to a \$50 penalty assessed by the Internal Revenue Service under [section 6722](#) of the Internal Revenue Code.

Only the individual's name to which the Social Security Number (SSN) was assigned should be entered on the first line.

The name of a partnership, corporation, club, or other entity, must be entered on the first line exactly as it was registered with the IRS when the Employer Identification Number (EIN) was assigned.

DO NOT submit your name with a Tax Identification Number (TIN) that was not assigned to your name. For example, a doctor MUST NOT submit his or her name with the Tax Identification Number of a clinic with which he or she is associated.

Thank you for your cooperation in providing us with this information. Please return the completed form to:

Or send faxes to:

Enclosure

**SOUTH DAKOTA DEPARTMENT OF AGRICULTURE
WILDLAND FIRE DIVISION
CERTIFICATION OF PROJECT COMPLETION**

Applicant Information

First Name: MI: Last Name:

Address:

City: State: ZIP Code:

Home: Work: Cell:

Project Information

Address:

City: State: ZIP Code:

Legal Location: Latitude: Longitude:

Number of Acres: Community:

Participation Certification and Request for Payment

I certify that I have completed the above project in accordance with the project specifications and other program requirements. I hereby apply to the Wildfire Suppression Division for cost-share payment for completed project work. I have included documentation of costs incurred and a completed form W-9.

Signature of participant: <input type="text"/>	Date: <input type="text"/>
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Office Use Only

Approved By: <input type="text"/>	Date Approved: <input type="text"/>	Date Completed: <input type="text"/>
WUI Approved: <input type="text"/>	Date Approved: <input type="text"/>	Acres Treated: <input type="text"/>

Project Description:

Program: