

**REQUEST FOR REIMBURSEMENT
SOUTH CAROLINA FORESTRY COMMISSION
FUELS MITIGATION GRANTS**

1. Community: _____
Name: _____
Address: _____
City, State, Zip Code _____

2. Social Security Number or Employer Federal Identification Number: _____
*****You must complete and return the attached W-9 form***** for first request only.

3. Description of Project:

4. Total Expenses: _____
Enter total dollar amount from all invoices for services rendered which should show work done (i.e. hours and linear feet of fuelbreaks constructed and/or acres treated). Invoices should show check number and date paid. Also please show in kind monies spent and or number of volunteer hours.

5. Grant Allocation: _____
Grant check will not exceed expenses paid up to \$600 per acre for mechanical fuel treatments (i.e. gyro-track) of qualified invoices, whichever is less. *

Payments for fuels mitigation treatments will be considered on a case by case basis. The minimum reimbursement will be for a 2 chain wide strip (132 feet) adjacent to the community. Any other reimbursement for additional areas treated will be considered but may be at the cost of the landowner depending on risk level and number of requests on hand related to funding available.

6. Certification: "I certify that to be best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested."

Signature community rep.: _____
Typed or Printed Name: _____
Telephone Number: _____
Date Request Submitted: _____

Send this Request Form along with paid invoices to:

South Carolina Forestry Commission

Attn: Steve Moore

P. O. Box 21707

Columbia, S. C. 29221-1707

Fax: 803-798-8097

Office: 803-896-8854