

Forest Management Memorandum of Understanding

This Memorandum of Understanding (MOU) by and between the Starlight Pines Homeowners Association, Inc. (SPHOA), (the Applicant) and _____ (the Landowner/Property Owner of Starlight Pines Lot ____) is to engage jointly in forest management on their respective parcel(s) of land in Coconino County, Assessor Parcel Number(s) (APN): _____

The parties are entering into this understanding to manage the forest for improved health and wildlife habitat and reduced risk for catastrophic wildfire on the above captioned parcel(s).

With the explicit permission of the landowners contained herein and the applicant's Agreement with the Natural Resources Conservation Service (NRCS), the Applicant and the Landowner/Property Owner may jointly implement, operate, and maintain forest management and other conservation practices necessary to create a healthy forest through the life of this instrument. **Practices will be developed and refined with Landowner/Property Owner review, input, and approval by signature on a Forest Stewardship Plan before operations begin.**

Each Landowner/Property Owner will be responsible for identifying and marking his/her property boundaries.

Operations may begin upon successful ranking and selection by the NRCS for Environmental Quality Incentives Program (EQIP/CIC) funds. A team approach will be used and may include Arizona Department of Forestry and Fire Management (AZDFFM) personnel, the Applicant, and private contractors. Coordinated activities may include forest stand improvement through tree removal by mechanical harvesting, treating of woody residues by chipping, removal of biomass, and restoration/conservation treatments following a catastrophic wildfire event, and/or by any other conservation practices determined and agreed upon to be necessary.

This instrument will expire on December 31, 2027, unless cancelled in writing by either party with thirty (30) days notice. Both parties agree not to hold the other party responsible for any loss, damage, or legal liability in the execution of this project.

Executed this _____ Day of _____, 2021

EQIP Applicant: Starlight Pines Homeowners Association Inc. (SPHOA)

SPHOA Authorized Signature: 

Landowner/Property Owner of Starlight Pines Lot ____: _____

Landowner/Property Owner Signature: _____

My commission expires:

NOTARY PUBLIC