

# Managing Your Woodlands: A template for your plans for the future

**Owner(s) Name(s)** \_\_\_\_\_

Owner(s) Mailing Address(es) \_\_\_\_\_

\_\_\_\_\_

Owner(s) Phone Number(s) \_\_\_\_\_

Owner(s) Email(s) \_\_\_\_\_

Owner(s) Signature(s) \_\_\_\_\_

**Plan Author** \_\_\_\_\_

Plan Author Mailing Address \_\_\_\_\_

\_\_\_\_\_

Plan Author Phone Number \_\_\_\_\_

Plan Author Email \_\_\_\_\_

Plan Author Signature \_\_\_\_\_

Date of Original Plan Completion \_\_\_\_\_ Revision date(s) \_\_\_\_\_

*Please note:* Informal updates to the plan can be made with handwritten notes. Be sure to include a date and initial these notes throughout the management plan.



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**This template should be used in association with the landowner and the forester guides which include detailed instructions on how to correctly complete the template to develop a management plan that will meet the requirements for the American Tree Farm System (ATFS), Natural Resources Conservation Service (NRCS) and the US Forest Service. Please refer to the guide when working with your forester or natural resource professional to develop your plan.**

This template was developed by the US Forest Service, Natural Resources Conservation Service (NRCS), and the American Forest Foundation's American Tree Farm System (ATFS) using information from the following state joint Forest Stewardship, ATFS and NRCS templates:

- Mississippi Forest Stewardship Management Plan developed by the Mississippi Stewardship Forest, Mississippi Forestry Commission and the US Forest Service
- Missouri Common Forest Plan Format developed by the Missouri Department of Conservation and NRCS
- Montana Forest Stewardship Plan/Tree Farm Plan developed by the Montana Forest Stewardship Program, Montana Tree Farm Program, Montana State University Extension, Montana DNRC, US Forest Service and NRCS
- Oregon Forest Stewardship Plan Template developed by Oregon State University Forestry Extension Program

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# Property Description

Legal property description \_\_\_\_\_

Nearest city or town \_\_\_\_\_

Tax Parcel Number (optional) \_\_\_\_\_

FSA Farm and Tract Numbers (if applicable) \_\_\_\_\_

GPS coordinates (optional) \_\_\_\_\_

Total ownership acreage \_\_\_\_\_ Total forested acreage \_\_\_\_\_

Total acreage covered by this plan \_\_\_\_\_

Number of unique stands of trees \_\_\_\_\_

Do you reside on the property?    
Yes No

Basic topography (estimate percent of total acreage that is)

Complex topography (many steep ravines and aspects)

Simple topography (few ravines and changes of aspect)

Percent of land that is Flat (<5% grade) \_\_\_\_\_ Gentle Slope (6 to 20% grade) \_\_\_\_\_

Steep Slope (> 21% grade) \_\_\_\_\_

Road Conditions (check):  Excellent (80% accessible)  Good (at least 50%)

Fair (at least 25%)  Poor (less than 10%)

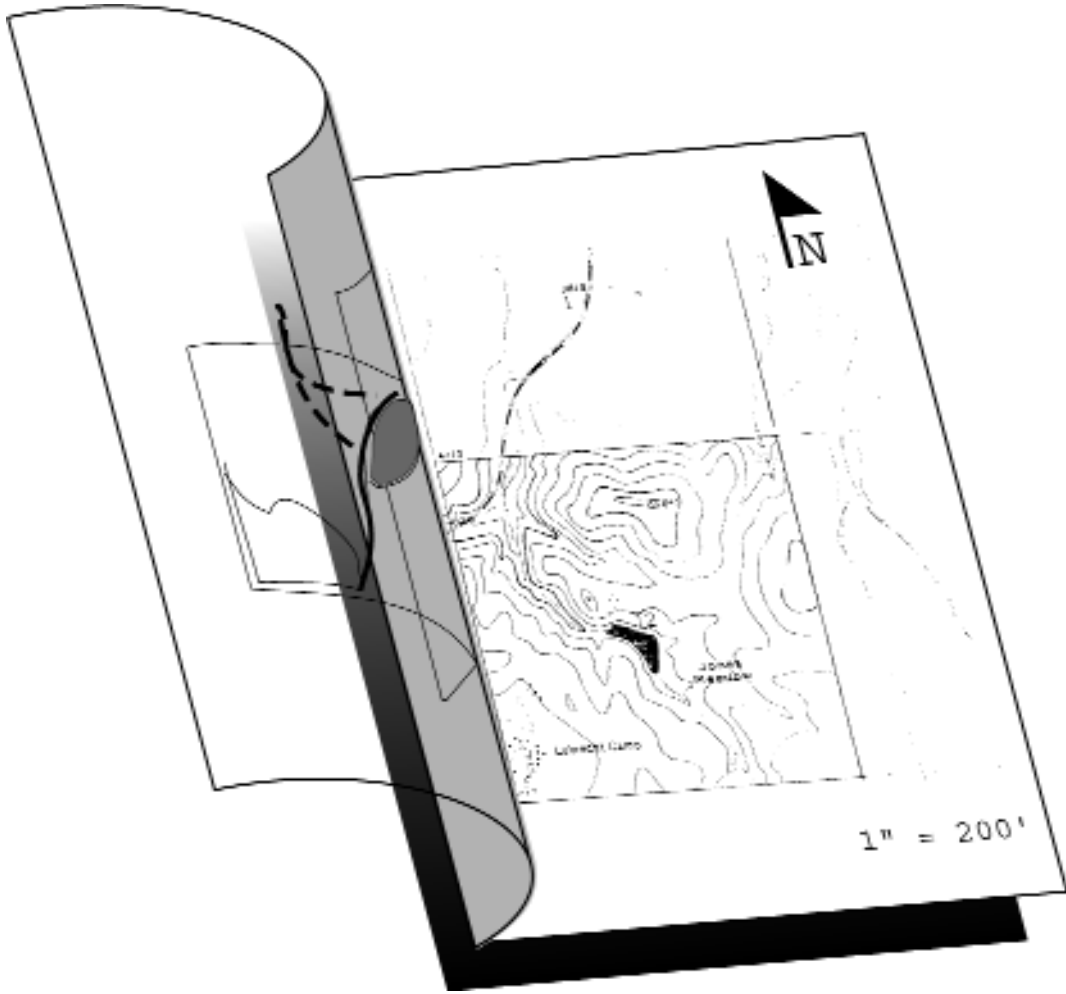
Estimated improved road length (bulldozed with graveled surface) \_\_\_\_\_

Estimated unimproved road length (bulldozed with but original soil/bedrock) \_\_\_\_\_

Which watershed is the property located in (include appropriate watershed unit for your state):



Property Map(s)



Attach property map(s) here.

# Forest Natural Resources Enhancement and Protection

This section relates to the natural resource elements found **throughout the entire property**. Some of the treatments related to these resources may qualify for federal and state incentive programs. For this section, include appropriate activities and treatments in the Management Activity Schedule and Tracking table as well as on the map(s). Complete the Activity Schedule and draw and label the areas of management on the map if using this plan as part of an incentive program application. There is no need to repeat this information in the stand specific section.

For each resource element, consider:

1. *What treatments/monitoring/protection are planned?*
2. *When will you implement treatments (season, year), follow-up activities, etc?*
3. *Where will the management take place: entire stand, part of a stand, acres?*
4. *Do you have applicable permits, professional assistance, and applications for the incentive programs?*

## Protect Special Sites & Social Considerations

Special sites

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Adjacent stand or ownership concerns

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Recreation

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Access

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## **Air, Water, and Soil Protection**

*What **goals** do you have, or what **steps will you take** to conserve, protect and enhance your forest's air, water and soil resources?*

Soil protection

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Roads

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Streams, wetlands, ponds, lakeshore

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Effects of Natural Disasters

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Rangeland Resources (if applicable)

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*(optional)* Carbon sequestration

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### **Fish, Wildlife and Biodiversity**

*Describe the resources on your property and the activities you are planning to accommodate your goals.*

Fish & Wildlife

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State and Federal threatened or endangered species - plants or animals

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### **Management of Forest Resources**

Protection from Pests

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Reforestation and Afforestation

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*(optional)* Prescribed Fire/Burns

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Management Plan Implementation Constraints

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**Other**

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## Stand Level Information

For each stand, write what your management objectives are and a brief description of the stand and its current and desired future conditions as well as the management activities. Further detailed inventory/plot data can be included if desired.

### Stand 1 Objectives

Stand 1 \_\_\_\_\_ Acres \_\_\_\_\_

Objectives: \_\_\_\_\_

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### Stand 1 Current Conditions

General description

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Current forest type and current age

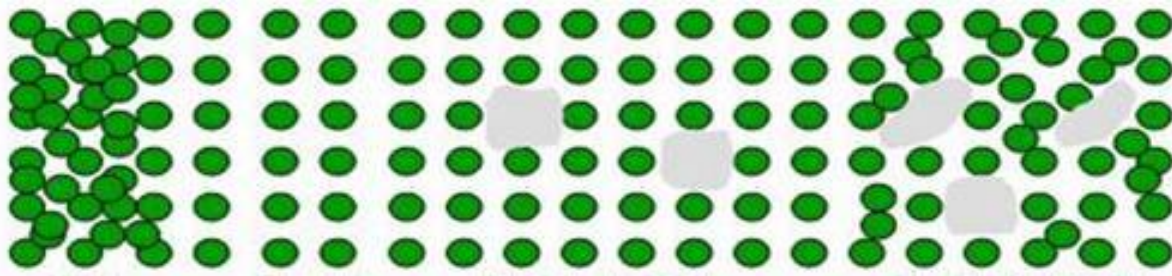
Forest Type

Age

_____	_____
_____	_____
_____	_____

**Bird's-eye view of current stand condition** (check one)

- Wild stand     
  Evenly spaced     
  Evenly spaced with openings     
  Variable density spaced with openings



**Current spacing (in feet)** Large (>9"DBH) \_\_\_\_\_(ft) Pole (5-8"DBH) \_\_\_\_\_(ft) Seedling (<5"DBH) \_\_\_\_\_(ft)  
 Size and shape of openings \_\_\_\_\_

Current structure:



- One canopy layer   
  Two canopy layer   
  Multi-layer/Unevenaged

**Stand 1 Desired Future Stand Condition**

Desired forest type and expected longevity

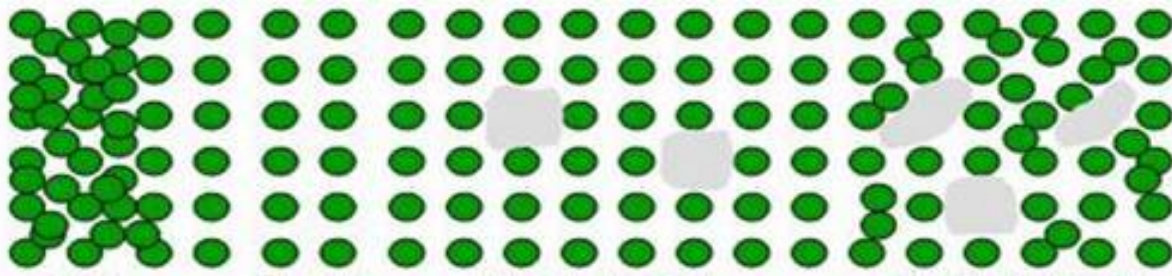
Forest Type	Age
_____	_____
_____	_____
_____	_____

Desired species to naturally regenerate \_\_\_\_\_

Desired species to plant \_\_\_\_\_

**Bird's-eye view of desired future stand condition** (check one)

- Wild stand     
  Evenly spaced     
  Evenly spaced with openings     
  Variable density spaced with openings



**Desired spacing (in feet)** Large (>9"DBH) \_\_\_\_\_(ft) Pole (5-8"DBH) \_\_\_\_\_(ft) Seedling (<5"DBH) \_\_\_\_\_(ft)  
 Size and shape of openings \_\_\_\_\_

Desired structure:



- One canopy layer   
  Two canopy layer   
  Multi-layer/Unevenaged

Other Desired Stand Descriptions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Stand 1 Forest Management Activities**

*If a subset of the stand is being treated, the general area can either be described or identify the impacted areas on your map*

**Forest Health Management Activities**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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Harvesting

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Slash management

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Post harvest activities

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Permits

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Best Management Practices

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Monitoring

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**Add more pages as needed for each additional stand of trees.**



# Signatures and Approvals

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## Landowner

I have reviewed this plan and believe the management recommendations will help me meet my goals and objectives for my property. I agree to follow this plan to ensure the sustainability of my management.

\_\_\_\_\_  
Landowner

\_\_\_\_\_  
Date

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## Forest Stewardship Program

I certify that this Forest Management Plan meets the requirements of the federal Forest Stewardship Program.

\_\_\_\_\_  
Plan Author

\_\_\_\_\_  
Date

I certify that this Forest Management Plan meets the requirements of the federal Forest Stewardship Program.

\_\_\_\_\_  
State Forestry Representative

\_\_\_\_\_  
Date

Forest Stewardship Tracking Number: (if necessary) \_\_\_\_\_

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## NRCS Incentive Programs

I certify that this Forest Management Plan meets the requirements of the USDA Environmental Quality Incentives (EQIP) Program and/or the Quality Criteria for forest activity plans in Section III of the USDA NRCS Field Office Technical Guide.

\_\_\_\_\_  
Technical Service Provider

\_\_\_\_\_  
Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
District Conservationist

\_\_\_\_\_  
Date

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## American Tree Farm Program

I certify that this Forest Management Plan meets the requirements of the American Forest Foundation's American Tree Farm System.

\_\_\_\_\_  
ATFS Inspecting Forester

\_\_\_\_\_  
Number

\_\_\_\_\_  
Date

Certified Tree Farm Number: (e.g. AL 1234) \_\_\_\_\_

Date of ATFS Certification: \_\_\_\_\_