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 develop 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) _____

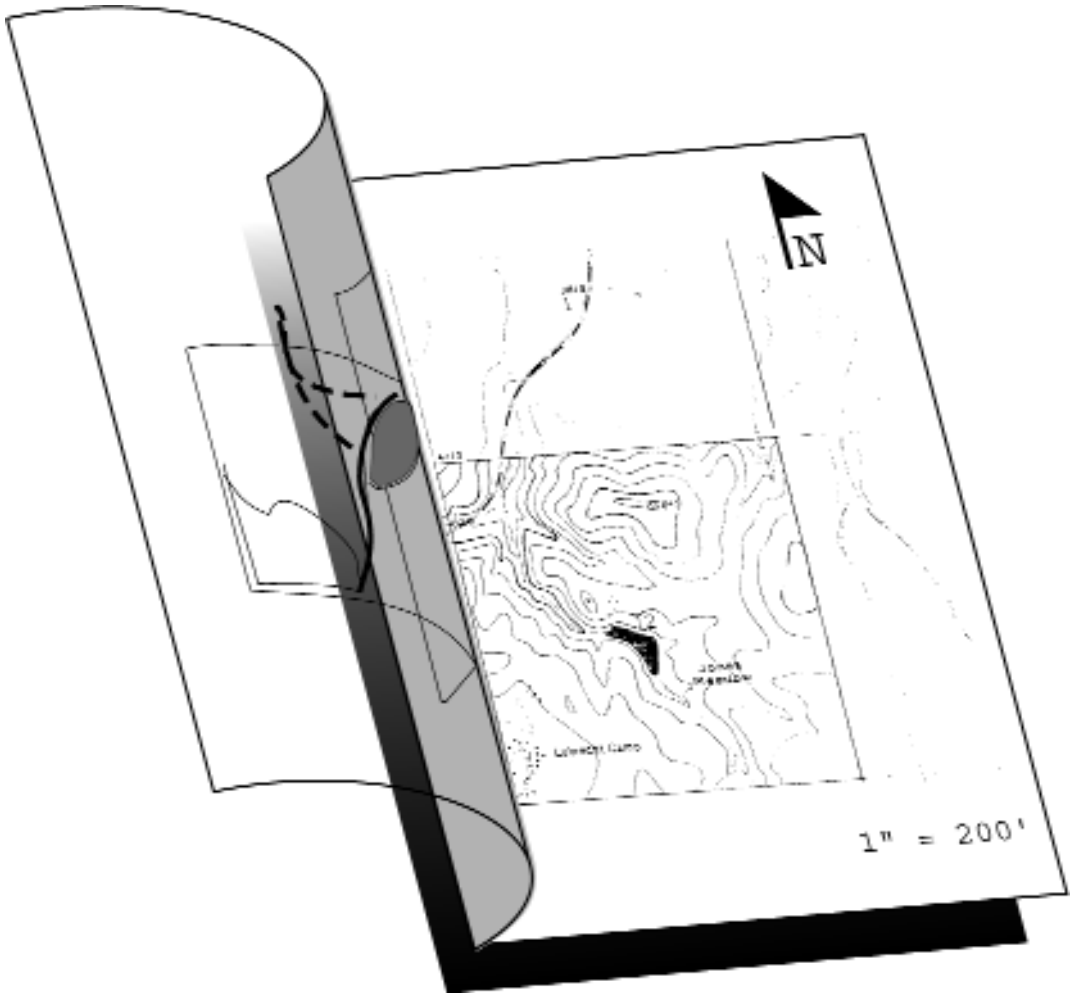
Which watershed is the property located in (include appropriate watershed unit for your state):

_____

Property History

Forest Management Goals

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 assistance 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 assistance 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 assistance programs?*

Protect Special Sites & Social Considerations

Special sites

_____

_____

_____

_____

_____

_____

Adjacent stand or ownership concerns

_____

_____

_____

_____

_____

_____

Recreation

_____

_____

_____

_____

Access

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

Roads

Streams, wetlands, ponds, lakeshore

Effects of Natural Disasters

Rangeland Resources (if applicable)

(optional) Carbon sequestration

Fish, Wildlife and Biodiversity

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

Fish &Wildlife

State and Federal threatened or endangered species - plants or animals

Management of Forest Resources

Protection from Pests

Reforestation and Afforestation

(optional) Prescribed Fire/Burns

Management Plan Implementation Constraints

Other

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:_____

_____

_____

Stand 1 Current Conditions

General description

_____

_____

_____

_____

_____

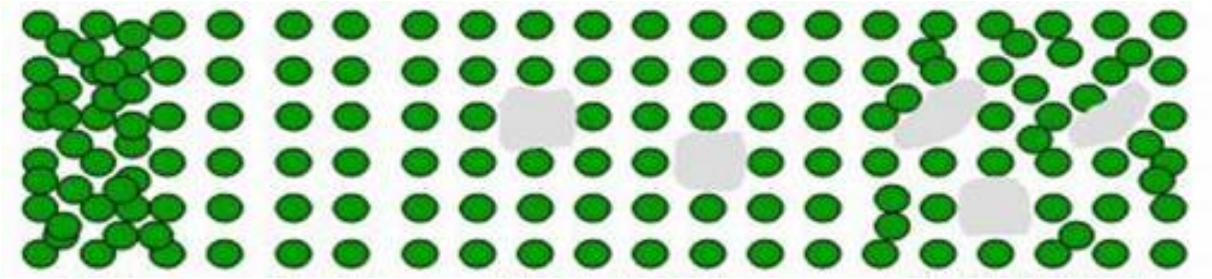
_____

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

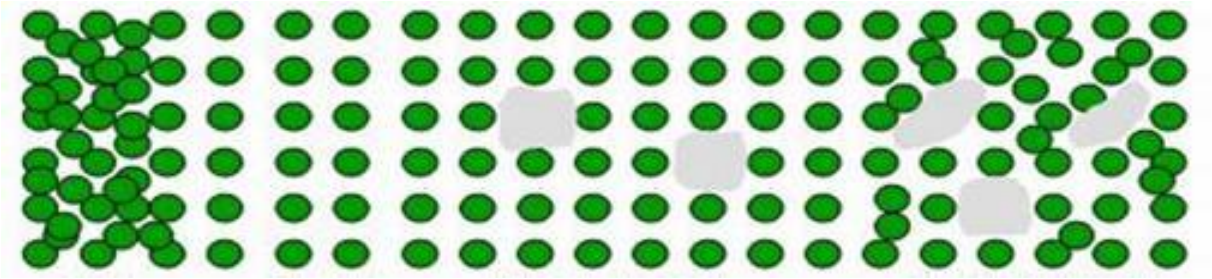
Forest Type	Age
_____	_____
_____	_____
_____	_____

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

_____

_____

_____

_____

Harvesting

Slash management

Post harvest activities

Permits

Best Management Practices

Monitoring

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

Management Activity Schedule and Tracking

Stand	Unit (Acres/ Feet, etc)	NRCS Practice Code*	Treatment Activity Short Description (or reference to description in Plan)	Dates		Assistance Program (s) Used?	Net Cash Flow (optional)	
				Planned	Completed		Cost	Income

Add more pages as needed. **NRCS Practice Code needed if practice will be submitted for a NRCS assistance program, otherwise leave blank.*

Signatures and Approvals

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

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) _____

NRCS Assistance 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

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: _____