



**MITIGATION COST-SHARE  
ASSISTANCE APPLICATION**

Please submit a completed application with current home assessment, contractor quote(s), and before pictures of project area(s). Send entire application packet to: [jen.haas@mountainvalleysrcd.org](mailto:jen.haas@mountainvalleysrcd.org) BEFORE the project begins.

**Landowner Information** Name: \_\_\_\_\_

Mailing Address (Street, City, Zip): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Address of Project (or approx. lat/long): \_\_\_\_\_

Primary residence  Secondary residence  Rental # Acres: \_\_\_\_\_ # Dwellings: \_\_\_\_\_

Have you had a Wildfire Risk Home Assessment done by NCFS in the last 5 years? \_\_\_\_\_

If yes, date of assessment: \_\_\_\_\_ Please attach assessment to application.

If no, you will need a home assessment completed by NCFS or MV staff before project begins.

Find your county's NCFS contact here: [www.ncforests-service.gov/contacts](http://www.ncforests-service.gov/contacts)

**Mitigation Contractor Information** Please attach quote(s) from contractor(s).

Name of Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Project type:  Gutter/roof cleaning  Tree removal  Vegetation thinning/pruning  
 Leaf Removal  Other: \_\_\_\_\_

Project Quote Amount: \_\_\_\_\_ Project Acreage Amount: \_\_\_\_\_

Second contractor information (if necessary)

Name of Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Project type:  Gutter/roof cleaning  Tree removal  Vegetation thinning/pruning  
 Leaf Removal  Other: \_\_\_\_\_

Project Quote Amount: \_\_\_\_\_ Project Acreage Amount: \_\_\_\_\_

**Project Pictures:** Attach 2-3 before pictures of project area(s). After pictures will be required to receive reimbursement. The after pictures must be from the same angle/perspective as the before pictures.