

## Statewide Forest Resource Assessments and Strategies (State Forest Action Plans) Requirements Checklist for <insert State/equivalent>

State Forest Assessments and Strategies must be updated at least every 10 years and submitted to the relevant USDA Forest Service (FS) Region, Area, or IITF with this checklist signed by the State Forester. Federal review will focus on these requirements as outlined in the [Cooperative Forestry Assistance Act](#) SEC. 2A. [16 U.S.C 2101a] (amended by the 2008 and 2014 Farm Bills).

**Submitted by the State Forester:** Name: \_\_\_\_\_ Date: \_\_\_\_\_

*State Forester certifies the required elements below are included. FS Region, Area, or IITF fills out the checklist.*

### Statewide Forest Resource Assessment Includes:

- The conditions and trends of forest resources in the state .....Yes  No
- The threats to forest lands and resources in the state consistent with national priorities .....Yes  No
- Areas or regions of the state that are a priority .....Yes  No
- Any multi-state areas that are a regional priority .....Yes  No

### Statewide Forest Resource Strategy Includes:

- Long-term strategies to address threats to forest resources in the state\* .....Yes  No
- Description of resources necessary for state forester to address statewide strategy\* .....Yes  No
- Strategy addresses national priorities for state and private forestry.....Yes  No

\* Can be presented in a strategies matrix with columns for (a) programs that contribute, (b) resources required, (c) national objective it supports, and (d) performance measure(s) that will be used for each strategy.

### Stakeholder Groups Coordinated with for the Statewide Assessment and Strategy:

*Note: this can be identified in the body of the documents or in an appendix.*

- State Forest Stewardship Coordinating Committee (required) .....Yes  No
- State Wildlife Agency (required).....Yes  No
- State Technical Committee (required).....Yes  No
- Lead agency for the Forest Legacy Program (if not the state forestry agency) (required) ..... N/A  Yes  No
- Applicable Federal land management agencies (required).....Yes  No
- Military installations (as appropriate and feasible) .....Yes  No

### Other Plans Incorporated in the Statewide Assessment and Strategy:

- Community wildfire protection plans (required).....Yes  No
- State wildlife action plans (required) .....Yes  No
- Other .....Yes  No

### Forest Legacy Program (FLP) Requirements Included (for States with FLP) ..... N/A Yes No

*See Forest Legacy Guidelines and the toolkit provided for State Forest Action Plans. Some options include:*

- All required Forest Legacy components are integrated into the State Forest Action Plan (Assessment and/or Strategy), including Eligibility Criteria to identify Forest Legacy Areas, delineation of Forest Legacy Areas, and outline of the State's project evaluation and prioritization procedures. These elements are reviewed by the FS Region, Area, or IITF FLP staff as part of the assessment and strategy certification process. It is helpful to provide a crosswalk to identify location of FLP components in the State Forest Action Plan.
- A separate Forest Legacy Assessment of Need document (with above Forest Legacy requirements) is included as an appendix of the State Forest Action Plan. This document has been previously approved by the FS Region, Area, or IITF Forest Legacy Program staff. Documentation of FS approval and most recent review by the State Forest Stewardship Committee review should also be provided.

### Review by FS Regional Forester, NA S&PF Director, or IITF Director (as relevant):

**Deemed Sufficient (all requirements met)**

Comments:

**Deemed Not Sufficient (missing one or more requirements)**

Corrective Action(s) Necessary to Meet Sufficiency Requirement:

**Certified by Regional Forester or NA or IITF Director:** Name: \_\_\_\_\_ Date: \_\_\_\_\_

### **DECISION BY FS DEPUTY CHIEF FOR STATE & PRIVATE FORESTRY:**

*Approval authority delegated from the USDA Secretary.*

**Approve:**  **Disapprove:**

USDA FS, Deputy Chief for State & Private Forestry: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_