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

State Forest Assessments and Strategies must be submitted to the USDA Forest Service Region/Area/IITF, with this check list signed by the State Forester. Federal review will focus on the requirements as outlined in the Cooperative Forestry Assistance Act SEC. 2A. [16 U.S.C 2101a], as amended by the 2008 and 2014 Farm Bills.

Submitted by the State Forester:  Name:_________________________  Date:__________

State Forester certifies the required elements below are included. USFS Region/Area/IITF will fill 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 state-wide strategy* .............. 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:
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 Statewide Assessment and Strategy:
Community wildfire protection plans (required) ......................................................................... Yes ☑ No ☐
State wildlife action plans (required) ....................................................................................... Yes ☑ No ☐
Other ......................................................................................................................................... Yes ☑ No ☐

National Priorities:
Narrative description of actions and success stories contributing to 3 national priorities.......... Yes ☑ No ☐

Forest Legacy Requirements Included (for States with a Forest Legacy Program) .......... N/A ☑ Yes ☐ No ☐
All required Forest Legacy components are in the Assessment and/or Strategy or attached as an appendix, 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 USFS Region/Area/IITF Forest Legacy Program staff as part of the assessment and strategy certification process.

Review by USFS 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/NA/IITF Director:  Name:_________________________  Date:__________

DECISION BY USFS DEPUTY CHIEF FOR STATE & PRIVATE FORESTRY:
Approval authority delegated from the USDA Secretary.

Approve: ☐  Disapprove: ☐

USDA Forest Service, Deputy Chief for State & Private Forestry, Name:_________________________  Date:__________