

Stewardship Plan Implementation Schedule

(MU# or all MU's combined)

(Copy additional pages if needed)

Electronic page form web sight to be inserted in Plan Verification for the Net Cash Flow of Cost Analysis

| Treatment Date (Season/Year) | Treatment Activity Short Description | NRCS Practice Code* | MU# | Treatment (Acres, Feet) | Net Cash Flow | |
|---------------------------------|--------------------------------------|---------------------|-----|-------------------------|---------------|--------|
| | | | | | Cost | Income |
| Years 1-2 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Years 3-4 | | | | subtotal | \$ - | \$ - |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Years 5-6 | | | | subtotal | \$ - | \$ - |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Years 7-8 | | | | subtotal | \$ - | \$ - |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Years 9-10 | | | | subtotal | \$ - | \$ - |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | subtotal | \$ - | \$ - |
| | | | | TOTAL | \$ - | \$ - |