



ASSOCIATION FOR SUSTAINABLE FORESTRY

WAP Year
2010

Category 7

SILVICULTURE FUNDING APPLICATION FORM

Landowner Name(s): _____

Address: _____

Postal Code: _____

Phone: _____ Fax: _____

Location of Woodland (including county):

PID: _____

Name of Contractor or Agent: _____

Address: _____

Postal Code: _____

Phone: _____ Fax: _____

I hereby certify that the Silviculture Criteria of the proposed job has been met for ASF funding purposes.

* _____

Forest Technician or Forester

Date: _____

<p align="center">ASSOCIATION FOR SUSTAINABLE FORESTRY USE ONLY</p> <p>Job Number: _____</p> <p>Treatment Code: _____</p> <p>Total Eligible Claim (\$): _____</p> <p>* _____</p> <p>Application Approved - ASF <i>Coordinator</i></p> <p>Date: _____</p>

Direct all correspondence to:

ASSOCIATION FOR SUSTAINABLE FORESTRY
Box 696, Truro, NS B2N 5E5
 Ph: (902) 895-1179 Fax: (902) 893-1197
 E-mail: david@asforestry.com
 www.asforestry.com

Terms and Conditions of Approval for Funding

I understand and shall conform to the following:

- ◆ All work will conform to the Silviculture Criteria determined by the Association for Sustainable Forestry (ASF).
- ◆ A Forest Technician or Forester will inspect the site prior to application for funding to determine if the pre-treatment Silviculture Criteria has been met.
- ◆ The Landowner holds less than 2000 hectares of woodland in NS.
- ◆ No treatment area proposed for funding by ASF will have been previously pledged by the owner under any other program operated by a Registered Buyer.
- ◆ If a Contractor or other Agent has been retained to do the work, the application form will be signed by both parties unless a signing authority or Agreement is currently in place between the parties.
- ◆ If within ten (10) years following the silviculture treatment, the land on which the treatment has been completed is taken out of forest production, the Landowner, Contractor, or other Agent, their heirs or their assignee(s) may be required to repay to the ASF any contribution or contributions originally paid.
- ◆ The ASF is a funding agency only; the Landowner, Contractor, or other Agent is responsible for all aspects of work done on the property under this program.
- ◆ The Contractor must have current NS Workers Compensation or show proof of adequate insurance coverage.
- ◆ In the case that a site is not field checked by the ASF prior to the commencement of work, the Landowner or Contractor will be responsible for the site meeting the pre-treatment Silviculture Criteria of the ASF. Failure to meet the pre-treatment Silviculture Criteria upon further inspection of the site by the ASF will result in the cancellation of payment or the re-payment of funds to the Association.
- ◆ The completed silviculture treatment must conform to the specified criteria for at least 18 months after treatment. The Landowner, Contractor, or other Agent (whoever completed the work) is responsible for any failed sites.
- ◆ All correspondence, questionnaires / surveys, maps, plans, drawings, diagrams, photographs, and any other physical or electronic records which are created as a result of this application under the Association for Sustainable Forestry's Category 7 Quality Improvement Silviculture Program are the property of the ASF and will be stored and handled according to all applicable Privacy Legislation.
- ◆ The information will be used solely for the purposes outlined in the Forest Sustainability Agreement dated August 14th, 2007 between the ASF and the NSDNR. Any personal information gathered as a result of the agreement programs will be made available only to employees of ASF and DNR, (including any contractors), ASF Directors or officers and persons officially cooperating in the delivery of the agreement programs. By signing form the landowner consents to the sharing of this personal information with the above noted parties.

* _____
Landowner signature (or Agent on behalf of Landowner)

* _____
Contractor signature



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Silviculture treatment applied for (check one per job):

Crop Tree Release

Diameter of crop trees:

Density of crop trees:

Crop tree species:

Area (ha):

Crop Tree Pruning

Height of crop trees (m):

Density of crop trees:

Crop tree species:

Area (ha):

Selection Management

Stocking of crop trees:

Crop tree species:

Number of height classes:

Pre-treatment BA (m² /ha):

Area (ha):

FUNDING REQUIREMENT

Rate (\$/ha) = \$ _____

Area (ha) = _____

Total Pre-HST = \$ _____

HST (if applicable) = \$ _____

Total = \$ _____

SIDE B



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LIABILITY INDEMNITY

The Independent Contractor or Agent,

_____, agrees that it shall at all times indemnify and save harmless the Nova Scotia Department of Natural Resources, NSDNR, and the Association for Sustainable Forestry, the Association, their respective officers, employees and agents from and against all claims, demands, losses, costs, damages, actions, suits or other proceedings of any kind based upon any injury or death of a person or damage to or loss of property arising from any wilful or negligent act, omission or delay on the part of the Independent Contractor, its servants or agents carrying out work pursuant to the agreement, engagement or hiring of the Independent Contractor by the Association.

Signed: ✕ _____

Dated: _____

CONFIRMATION OF INSURANCE

The Independent Contractor or Agent,

_____, agrees to provide and maintain at its own expense public liability and property insurance, as well as Worker's Compensation Insurance or private insurance policy, with respect to any claim which may occur as a result of performance by

_____, or (its/his/her/their) agents, employees and permitted assigns, under the agreement, engagement or hiring between

_____ and the Association for Sustainable Forestry.

Signed: ✕ _____

Dated: _____

Note: If the Independent Contractor or Agent holds Worker's Compensation Insurance, please provide a Clearance/Good Standing Letter from the Worker's Compensation Board of NS.