



ASSOCIATION FOR SUSTAINABLE FORESTRY

WAP Year
2009-11

CATEGORY 7 SILVICULTURE FUNDING CLAIM 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: _____

The funds authorized under this program are payable to:

Name: _____

Address: _____

Postal Code: _____

Phone: _____ Fax: _____

**ASSOCIATION FOR SUSTAINABLE FORESTRY
USE ONLY**

Job Number: _____

Treatment Code: _____

Total Claim (\$): _____

Approved for Payment - ASF Coordinator

Date: _____

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

Forest Technician or Forester

Date: _____

Direct all correspondence to:

ASSOCIATION FOR SUSTAINABLE FORESTRY

Box 696, Truro, NS B2N 5E5

Ph: (902) 895-1179 Fax: (902) 893-1197

E-mail: rjaggas@asforestry.com

www.asforestry.com

Terms and Conditions of Claiming for Funding

I understand and conform to the following:

◆ A Forest Technician or Forester has inspected the completed work prior to claiming for funding, to determine if the post-treatment Silviculture Criteria has been met.

◆ The Landowner holds less than 2000 hectares of woodland in NS.

◆ No treatment area claimed for funding by ASF will have been previously claimed by the Landowner, Contractor or other Agent under any other program operated by a Registered Buyer.

◆ The financial obligation of the ASF will **not exceed** the approved amount on the application.

◆ If a Contractor or other Agent has been retained to do the work, the application form will be signed by the Landowner and Contractor or other Agent unless a signing authority is currently in place between the parties (a copy of the signing authority must be provided).

◆ 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 completed silviculture treatment must conform to the specified criteria for at least 18 months after treatment. The Landowner *and* the Contractor or other Agent are 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 claim 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 March 31, 2009 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, Contractor or other Agent consents to the sharing of this personal information with the above noted parties.

Landowner signature (or Agent on behalf of Landowner)

Contractor or Agent signature



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CATEGORY 7 SILVICULTURE FUNDING CLAIM FORM

Silviculture treatment claimed (check one per job):

Crop Tree Release

Number of released crop trees:

Crop tree species:

Diameter of crop trees (cm):

Post-treatment BA (m² /ha):

Area (ha):

Crop Tree Pruning

Number of pruned crop trees:

Crop tree species:

Height of crop trees (m):

Height of pruning (m):

Diameter of crop trees (cm):

Area (ha):

Selection Management

Stocking of crop trees:

Crop tree species:

Post-treatment BA (m² /ha):

Number of height classes:

Area (ha):

CALCULATION OF PAYMENT

Rate (\$/ha) = \$

Area (ha) =

Total Pre-HST = \$

HST (if applicable) = \$

Total = \$