



# ASSOCIATION FOR SUSTAINABLE FORESTRY

WAP Year  
2010

## 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: David@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 or Agent 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 the Landowner and Agent, 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 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 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):

Area (ha):

**Crop Tree Pruning**

Number of pruned crop trees:

Crop tree species:

Height of crop trees (m):

Height of pruning (m):

Area (ha):

**Selection Management**

Stocking of crop trees:

Crop tree species:

Post-treatment BA (m<sup>2</sup> /ha):

Number of height classes:

Area (ha):

### CALCULATION OF PAYMENT

**Rate (\$/ha)** = \$ \_\_\_\_\_

**Area (ha)** = \_\_\_\_\_

**Total Pre-HST** = \$ \_\_\_\_\_

**HST (if applicable)** = \$ \_\_\_\_\_

**Total** = \$ \_\_\_\_\_