



ASSOCIATION FOR SUSTAINABLE FORESTRY

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: _____

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| 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. (Please note: The ASF Coordinator has final approval on all claims)

* _____
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, 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, 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 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 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 the ASF and NSDNR, (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

* _____
Contractor or Agent signature



ASSOCIATION FOR SUSTAINABLE FORESTRY

SILVICULTURE FUNDING CLAIM FORM

Silviculture treatment claimed (check one per job):

Pre-Commercial Thinning (Natural)

Stocking of crop trees:
Density of crop trees:
Height of crop trees (m):
Crop tree species:
Area (ha):

Commercial Thinning

Post-treatment BA (m² /ha):
Diameter of crop trees (cm):
Age of crop trees:
Crop tree species:
Area (ha):

Fill Planting

Stocking of crop trees:
Density of planted trees:
Density of crop trees:
Height of crop trees (m):
Crop tree species:
Area (ha):

CALCULATION OF PAYMENT

Rate (\$/ha) = \$ _____

Area (ha) = _____

Total Pre-HST = \$ _____

HST (if applicable) = \$ _____

Total = \$ _____