



ASSOCIATION FOR SUSTAINABLE FORESTRY
(Small Private Landowner)
SILVICULTURE FUNDING APPLICATION FORM

Landowner Name(s): _____

Direct all correspondence to:

ASSOCIATION FOR SUSTAINABLE FORESTRY

Box 696, Truro, NS B2N 5E5

Address: _____

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

Postal Code: _____

E-mail: David@asforestry.com

www.asforestry.com

Phone: _____ **Fax:** _____

Terms and Conditions of Approval for Funding

I understand and shall conform to the following:

Email: _____

◆ All work will conform to the Silviculture Criteria determined by the Association for Sustainable Forestry (ASF).

Location of Woodland (including county):

◆ 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.

PID: _____

◆ No treatment area proposed 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.

Name of Contractor or Agent: _____

◆ 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).

Address: _____

◆ 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.

Postal Code: _____

◆ The Contractor or other Agent must have current NS Workers Compensation or show proof of adequate insurance coverage.

Phone: _____ **Fax:** _____

◆ In the case that a site is not field checked by the ASF prior to the commencement of work, the Landowner, Contractor or other Agent 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.

I hereby certify that the Silviculture Criteria of the proposed job has been met for ASF funding purposes. (Please note: The ASF Coordinator has final approval on all applications)

◆ 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 application 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.

Forest Technician or Forester

◆ 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.

Date: _____

Is your woodlot certified?

Are you interested in a woodlot management Plan?

| |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>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> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

✕ _____

Landowner signature

✕ _____

Contractor or Agent signature



ASSOCIATION FOR SUSTAINABLE FORESTRY

(Small Private Landowner)

SILVICULTURE FUNDING APPLICATION FORM

Silviculture treatment applied for (check one per job):

Pre-Commercial Thinning (Natural)
(Plantation)

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

Commercial Thinning

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

Fill Planting

Stocking of crop trees:
Height of crop trees (m):
Crop tree species:
Time since harvest:
Area (ha):

Manual Weeding (Natural)
(Plantation)

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

Crop Tree Release

Number of release 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):

FUNDING REQUIREMENT

Rate (\$/ha) = \$ _____

Area (ha) = _____

Total Pre-HST = \$ _____

HST (if applicable) = \$ _____

Total = \$ _____

Selection Management

Stocking of crop trees:
Crop tree species:
Post-treatment BA (m² /ha):
Number of height classes:
Area (ha):