



ASSOCIATION FOR SUSTAINABLE FORESTRY

PO Box 696, Truro, N.S. B2N 5E5
 Phone: (902) 895-1179; Fax (902) 893-1197

SILVICULTURE FUNDING REQUEST FORM

APPLICANT NAME: _____

Address: _____
ADDRESS CITY PROVINCE POSTAL CODE

Phone: _____ Fax: _____ Email: _____

FUNDING REQUESTED

Landowner Name	Woodland Location (including county)	Treatment Type	Rate (\$/ha)	Area (ha)	Funding Requested (not including HST)
TOTAL FUNDING REQUESTED					
(not including HST)					

Funding will be allocated based on total number of Requests. Applicants will be contacted with the amount of funding granted and will have two weeks to submit application and fee to the **Association for Sustainable Forestry**, along with proof of public liability and property insurance and Worker’s Compensation Insurance or private insurance.

Signature (Applicant): _____ Date: _____