

ASSOCIATION FOR SUSTAINABLE FORESTRY

PO Box 1833, Truro, N.S. B2N 5Z5 www.asforestry.com Phone: (902) 324-0811 Email: ben@asforestry.com **Site Preparation** Pilot Project <u>CLAIM</u> Form

	The funds authorized under this program are payable to:
Landowner Name(s):	Name:
	Mailing Address:
PID(s):	
Location of Woodland:	I HAVE READ AND UNDERSTAND THE CONFLICT OF INTEREST GUIDELINES (ASF WEBSITE/ DOCS TAB). BY CHECKING THIS BOX, I DECLARE I AM IN A CONFLICT OF
County:	INTEREST WITH THE FUNDING PROVIDER OR AGENCY.
Mailing Address:	 Terms and Conditions of Claiming for Funding I understand and shall conform to the following: All work will conform to the Site Preparation Criteria determined by the Association or Sustainable Forestry (ASF). Forest Technician or Forester must inspect the completed work prior to claiming. The claimant declares they are not in a conflict of interest with the funding provider or agency. If a Contractor or other Agent has been retained to do the work, the claim form will
Phone:	 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). Eligible woodlots must remain in a forested state for (10) years or more following
Email:	 treatment. If the area 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.
Name of Contractor or Agent:	 The Contractor or other Agent must have current NS Workers Compensation and have insurance coverage for public liability and property damage (\$5,000,000.00) An eligible landowner is defined as a unique ownership entity listed in the NS Property
Mailing Address:	 Registry Database (POL). The claimed area cannot exceed the POL area. Any misrepresentations or false statements made by a landowner to the Association regarding treatment area eligibility will result in the ineligible expenditures being reconciled with the Hurricane Recovery Budget. 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 Fiona Program are the property of the ASF and will be stored and handled according to all applicable Privacy Legislation.
Phone:	 The information will be used solely for the purposes outlined in the Fforest Sustainability service Agreement between the ASF and NSDNR. Any personal information gathered as a result of the agreement programs will be made available only
Email:	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 this form, the Landowner, Contractor or other Agent consents to the sharing of this personal information with the above noted parties.
BY CHECKING THIS BOX, THE LANDOWNER DIRECTS THE PAYMENTS TO BE MADE TO THE CONTRACTOR.	this personal mornation with the above noted parties.
THE LANDOWNER HAS APPROVED THE WORK TO BE DONE.	
ASSOCIATION FOR SUSTAINABLE FORESTRY USE ONLY	
Job Number:	
Total Claim (\$):	
x	
Approved for Payment – ASF Coordinator Date:	X Landowner signature
Request Received	
Proof of WCB & Insurance Received (if required)	x Contractor or Agent signature



ASSOCIATION FOR SUSTAINABLE FORESTRY

Site Preparation Pilot Project CLAIM Form

FUNDING	
Rate (\$/ha)	
Area (ha)	
Total (\$) excluding HST	
HST (\$) if applicable	
Total (\$)	

I hereby certify that the Site Prep Criteria of the completed job has been met for ASF funding purposes. (Please note: The ASF Coordinator has final approval on all claims)

X

Forest Technician or Forester signature

Date:

Landowner Name

GIS Shapefile name

Site Prep/Floating (\$320/ha)

Regeneration Survey (\$30/ha)