



ASSOCIATION FOR SUSTAINABLE FORESTRY

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2025-2026

Assistance Program for Low-Grade Fibre Markets **CLAIM** Form

Landowner Name(s):
PID(s):
Location of Woodland:
County:
Mailing Address:
Phone:
Email:

Name of Contractor or Agent:
Mailing Address:
Phone:
Email:

BY CHECKING THIS BOX, THE LANDOWNER DIRECTS THE PAYMENTS TO BE MADE TO THE CONTRACTOR.

THE LANDOWNER HAS APPROVED THE WORK TO BE DONE.

ASSOCIATION FOR SUSTAINABLE FORESTRY USE ONLY

Job Number: _____

Treatment Code: _____

Total Claim (\$): _____

X _____
Approved for Payment – ASF Coordinator

Date: _____

Request Received

Proof of WCB & Insurance Received (if required)

The funds authorized under this program are payable to:

Name:
Mailing Address:

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-INTEREST WITH THE FUNDING PROVIDER OR AGENCY AS OUTLINED ON THE ASF WEBSITE.

Terms and Conditions of Claiming for Funding

I understand and shall conform to the following:

- All work will conform to the Assistance Program for Low-Grade Fibre Markets Criteria determined by the Association for Sustainable Forestry (ASF).
- All sites seeking assistance must be preapproved by ASF staff.
- A Forest Technician or Forester has inspected the completed work prior to claiming.
- **The applicant 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 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).
- Eligible woodlots must remain in a forested state for (10) years or more following treatment. If the area is taken out of forest production, the Landowner, Contractor or other Agent, their heirs or their assignee(s) will 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 Contractor or other Agent must have current NS Workers' Compensation and have insurance coverage for public liability and property damage (\$5,000,000.00)
- Each eligible landowner is entitled to maximum assistance of \$50,000.
- Each eligible contractor is entitled to maximum assistance of \$150,000.
- An eligible landowner is defined as a unique ownership entity listed in the NS Property Registry Database (POL). The claimed area cannot exceed the POL area.
- An eligible landowner owns more than 4 ha (10 acres) but less than 20,000 ha (50,000 acres) of forested land.
- Any misrepresentations or false statements made by a landowner or contractor or agent to the Association regarding treatment area eligibility will result in the ineligible expenditures being rejected during the claims process.
- Evidence of low-grade product utilization and removal from the site is required.
- Low-grade products remaining on-site, as either standing or downed coarse woody material, are primarily only for requirements of post-harvest retention (i.e., for WHWP purposes), for biodiversity purposes (existing and future snags and cavity trees, CWM, etc.), or when materials are beyond saleable condition.
- All correspondence, maps, plans, drawings, diagrams, photographs, and any other physical or electronic records which are created under the Association for Sustainable Forestry's 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 service Agreement between the ASF and the FITT. Any personal information gathered because of the agreement programs will be made available only to employees of the ASF and FITT, (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.

X _____
Landowner signature

X _____
Contractor or Agent signature



ASSOCIATION FOR SUSTAINABLE FORESTRY

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Assistance Program for Low-Grade Fibre Markets CLAIM Form

FUNDING CLAIMED	
Rate (\$/ha)	
Area (ha)	
Total (\$) <i>excluding HST</i>	
HST (\$) <i>if applicable</i>	
Total (\$)	

I hereby certify that the 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

Assistance RATE CLAIMED (check one box):

Western Region, Eastern Region, and South-Central Region

- Moderate – 1/3 to 2/3 Low-Grade Products (\$500.00/ha)
- Severe - >2/3 Low-Grade Products (\$1000.00/ ha)

North-Central Region

All of Cumberland County and West Colchester County from the county line south along the Portapique River to the Bay of Fundy.

- Moderate – 1/3 to 2/3 Low-Grade Products (\$800.00/ha)
- Severe - >2/3 Low-Grade Products (\$1300.00/ ha)

List of all forest products harvested from the claimed area and approximate volumes for each product (m3, tonnes, cords, etc). This information is for internal reporting of project statistics and will be compiled and summarized with no identification to individual landowners or contractors. This section **MUST** be completed.

Sawable Harvested Tonnes _____ t

Biomass Harvested Tonnes _____ t