



# ASSOCIATION FOR SUSTAINABLE FORESTRY

PO Box 1833, Truro, N.S. B2N 5Z5 www.asforestry.com

Email: claims@asforestry.com

## SILVICULTURE FUNDING CLAIM FORM (Small Private)

<b>Landowner Name(s):</b>
PID(s):
Location of Woodland:
County:
Mailing Address:
Phone:
Email:

<b>Name of Contractor or Agent:</b>
Mailing Address:
Phone:
Email:

- The funds authorized under this program are payable to the landowner.**
- The funds authorized under this program are payable to the contractor.**

<b>ASSOCIATION FOR SUSTAINABLE FORESTRY USE ONLY</b>	
Job Number:	_____
Treatment Code:	_____
Total Claim (\$):	_____
<b>X</b>	_____
Approved for Payment – ASF Coordinator	
Date:	_____
<input type="checkbox"/>	Application Received
<input type="checkbox"/>	Proof of WCB & Insurance Received

**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.**

**I HEREBY DECLARE THAT I AM FAMILIAR WITH MY PROPERTY AND TOTAL ACREAGE.**

### Terms and Conditions of Claiming for Funding

I understand and shall conform to the following:

- All work will conform to the Silviculture Criteria determined by the Association for Sustainable Forestry (ASF).
- 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 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.
- **The applicant declares they are not in a conflict of interest with the funding provider or agency.**
- e financial obligation of the ASF will **not exceed** the approval 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 Contractor or other Agent must have current NS Workers Compensation or show proof of adequate insurance coverage.
- The Contractor or other Agent must have insurance coverage for public liability and property damage (\$5,000,000.00)
- In the case that a site is not field checked by the ASF, the Landowner, Contractor or other Agent will be responsible for the site meeting the post-treatment Silviculture Criteria of the ASF. Failure to meet the post-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.
- The completed silviculture treatment must conform to the specified criteria for at least 18 months after treatment. The Landowner *and* the Contractor or the 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.
- The information will be used solely for the purposes outlined in the Forest Sustainability Agreement between the ASF and the DLF. Any personal information gathered as a result of the agreement programs will be made available only to employees of the ASF and DLF, (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



# SILVICULTURE FUNDING CLAIM FORM (Small Private)

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

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)

x

Forest Technician or Forester signature

Date: \_\_\_\_\_

**Landowner Name**

\_\_\_\_\_

**GIS Shapefile name**

\_\_\_\_\_

**Method of Payment**

- Direct Deposit
- E-Transfer -- Up to \$25000.00
- Cheque

Silviculture treatment applied for (check one per job):

- [1b] Fill Planting
- [2] Full Planting

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

- [3] Manual Weeding  (Natural)
- (Plantation)

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

- [4/5] Pre-Commercial Thinning  (Natural)
- (Plantation)

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

*\*High rate PCT's (\$1050/ha) must be pre-approved*

- [6] Commercial Thinning

Diameter of crop trees:  
 Age of crop trees:  
 Crop tree species:  
 Pre-treatment BA (m<sup>2</sup>/ha):  
 Post-treatment BA (m<sup>2</sup>/ha):  
 Area (ha):  
*\*must be accompanied by digital PTAs (optional < 5 ha)*

- [7a] Crop Tree Release

Number of released crop trees:  
 Crop tree species:  
 Diameter of crop trees (cm):  
 Post-Treatment BA (m<sup>2</sup>/ha):  
 Area (ha):

- [7b] 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):

- [7c] Selection Management

Stocking of crop trees:  
 Crop tree species:  
 Pre-treatment BA (m<sup>2</sup>/ha):  
 Post-treatment BA (m<sup>2</sup>/ha):  
 Number of height classes:  
 Area (ha):  
*\*must be accompanied by digital PTAs (optional < 5 ha)*

