



ASSOCIATION FOR SUSTAINABLE FORESTRY

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2026-2027

Forest Damage and Renewal Silviculture 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 _____	
<small>Approved for Payment – ASF Coordinator</small>	
Date:	_____
<input type="checkbox"/> Request Received	
<input type="checkbox"/> Proof of WCB & Insurance Received (if required)	

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.

Terms and Conditions of Claiming for Funding

I understand and shall conform to the following:

- All work will conform to the Forest Damage and Renewal Program Criteria determined by the Association for Sustainable Forestry (ASF).
- **All sites seeking assistance must be pre-approved by ASF staff.**
- Planting must be arranged/scheduled prior to funding of site preparation.
- 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 has been retained to do the work, the claim form will be signed by the Landowner and Contractor 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, or Contractor, 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, or Contractor is responsible for all aspects of work done on the property under this program.
- The Contractor 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 Registry Database (POL). The claimed area cannot exceed the POL area.
- Planting must be arranged or solid evidence of effort must be made prior to funding of site preparation.
- Each eligible landowner is entitled to a maximum of \$300,000.
- Each eligible contractor is entitled to a maximum of \$350,000.
- Any misrepresentations or false statements made by a landowner to the Association regarding treatment area eligibility will result in the ineligible expenditures being rejected during the claims process.
- 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 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 DNR. Any personal information gathered because of the agreement programs will be made available only to employees of the ASF and DNRR, (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 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
Forest Damage and Renewal Silviculture **CLAIM** Form

2026-2027

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

I hereby certify that the criteria for eligibility of the completed job meets those defined by the ASF. (Please note: The ASF Coordinator has final approval on all claims)

X

Forest Technician or Forester signature

Date: _____

Landowner Name

GIS Shapefile name

Designation of payee

The following contractor or agent is to receive payment of this claim.

Designate _____

Site Prep/Floating (\$320/ha)

Regeneration Survey (\$30/ha)

Planting (\$850/ha)

By checking this box, landowner or contractor has secured planting stock and arranged for planting