

Forest Enhancement Program Forest Management Plan Funding Application

Note: The forest enhancement program provides financial support to forest landowners for the preparation of forest management plans and the implementation of selected forest management treatments prescribed in the plan. To ensure that your share of the cost is minimized, it is essential that your forest operations are implemented in a manner that is well planned and protects the environmental integrity of the site

For office use only Plan No.

				Property Number(s):			
Applicant's name (last name first):							
S	Street address or RR No.:		Town/commur	nity:	Province/state:		Postal code/zip code:
Location of woodlot:					Occupation:		
Н	Home Tel No.: Work Tel N		No.: Cell No.:			E-mail:	
С	contact person (if other than	L	Tel. No. of		contact person:		
 2. 3. 	I am the owner, or I have obtained the owners permission, and make application for funding for the preparation of a forest management plan. I understand that in order to receive funding from government for the preparation of my forest management plan, the plan must be completed by a qualified individual registered with government and the forest management plan must be completed in accordance with the Management Plan Preparation Terms of Reference (Appendix B). I have read and understand the terms and conditions of the Forest Enhancement Program Agreement, and I submit the original copy with this application, duly signed and witnessed for approval by government.						
4.	I understand that the incentive rates for forest management plan preparation as shown in the terms of reference (Appendix B), represent the maximum amount payable by government and any additional costs incurred are my responsibility.						
5.	I understand that any funds approved for me under the Forest Enhancement Program are guaranteed from the date of authorization, for a period of 120 days or until March 31, whichever occurs first. (An extension may be granted upon request pending availability of government funds.)						
Α	Applicant's Signature:			Date:			
(mm/dd/yy						1	_