

Environment, Energy and Forestry

## Forest Enhancement Program Claim Form

Shaded areas to be completed by Department

| For Office Use Only |          |                     |  |  |  |  |  |  |
|---------------------|----------|---------------------|--|--|--|--|--|--|
| Claim No.           | File No. | Management Plan No. |  |  |  |  |  |  |
|                     |          |                     |  |  |  |  |  |  |

## Part 1: To be completed by Woodlot Owner and Contractor/Consultant if appropriate

| Applicant's Name:   |                   |                          | Cons      | ultant's Name: |              |                     |                  | ID:              |  |
|---|-------------------|--------------------------|-----------|----------------|--------------|---------------------|------------------|------------------|--|
| Mailing Address:  |                   |                          | Mailir    | ng Address:    |              |                     |                  |                  |  |
| Community:  |                   |                          | Com       | Community:     |              |                     |                  |                  |  |
| Province: Postal Code: Province   |                   |                          | nce:      |                |              |                     |                  |                  |  |
| Property No.  | Treatment<br>Code | Treatment                |           | Status         | Stand<br>No. | Amount<br>Completed | Incentive Rate   | Total Incentives |  |
|   |                   |                          |           |                |              | ·                   | .                |                  |  |
|   |                   |                          |           |                |              | •                   | .                |                  |  |
|   |                   |                          |           |                |              | •                   |                  | •                |  |
|   |                   |                          |           |                |              | •                   |                  |                  |  |
|   |                   |                          |           |                |              | •                   |                  |                  |  |
|   |                   |                          |           |                |              |                     |                  |                  |  |
|   |                   |                          |           |                |              | •                   | .                |                  |  |
|   |                   |                          |           |                |              | •                   | •                |                  |  |
|   |                   |                          |           |                |              |                     | Total Incentives |                  |  |
| To be completed by woodlot owner:<br>I authorize the Government of Prince Edward Island to pay(Name of contractor) directly on my behalf  |                   |                          |           |                |              |                     |                  |                  |  |
| (sign here only if payable to this  | rd party):        | (Signature of applicant, |           | Date:          |              |                     | (dd/mm/y         | ууу)             |  |
|   |                   |                          |           |                |              |                     |                  |                  |  |
| To be completed by woodlot owner or contractor/consultant: I, or I on behalf of, certify that I have read and understand the Forest Enhancement Program Schedule of Treatment Rates and Guidelines and that treatments being claimed have been duly completed in accordance with the standards prescribed therein. I understand that if a subsequent inspection reveals that the treatments, or a portion thereof, have not been completed according to standard, I agree to repay to the Government of PEI the amount received for that portion deemed sub-standard or incomplete. |                   |                          |           |                |              |                     |                  |                  |  |
| or  |                   |                          |           |                |              |                     |                  |                  |  |
| Signature of woodlot owner Signature of contractor/consultant   |                   |                          |           |                |              |                     |                  |                  |  |
| Date: (dd/mm/yyyy)  |                   |                          |           |                |              |                     |                  |                  |  |
| Part 2: For office use only   |                   |                          |           |                |              |                     |                  |                  |  |
| Certified by:   |                   |                          |           | Staff ID:      |              | Date:               |                  | (dd/mm/yyyy)     |  |
| Approved for payment:     Date:     (dd/mm/yyyy)  |                   |                          |           |                |              |                     |                  |                  |  |
| Distributions   |                   |                          |           |                |              |                     |                  |                  |  |
| Section Object Progr  |                   | am                       | n Project |                |              | \$                  |                  |                  |  |
|   |                   |                          |           |                |              |                     |                  |                  |  |
|   |                   |                          |           |                |              |                     |                  |                  |  |
|   |                   |                          |           |                |              |                     |                  |                  |  |

Comments: