



**Small Private Woodlot Certification Program 2015  
Silviculture Funding Request Form**

**Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
ADDRESS TOWN PROVINCE POSTAL CODE

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**FUNDING REQUESTED:**

| Woodlot Management Plan # (WMP) | Treatment Type | Rate (\$/HA) | Area (HA)                                      | Funding Requested (not including HST) |
|---------------------------------|----------------|--------------|--|---------------------------------------|
|                                 |                |              |  |                                       |
|                                 |                |              |  |                                       |
|                                 |                |              |  |                                       |
|                                 |                |              |  |                                       |
|                                 |                |              | <b>TOTAL FUNDING REQUESTED (NOT INCL. HST)</b> |                                       |

**Please note:** Anyone accessing the silviculture program is now required to fill out the Silviculture Funding Request Form for initial application. **Please mail, fax, or email your completed request form to FNSWO. Deadline for applications is June 19, 2015.**

Once your completed application form has been received at the FNSWO office, Applicants will be contacted with the amount of funding granted. Funding will be allocated based on a percentage of the total applications received and available funding.

**Program participants are required to follow the ASF Procedures Manual, which can be found at [ASForestry.com](http://ASForestry.com)**

Signature (Applicant): \_\_\_\_\_ Date: \_\_\_\_\_

**DEADLINE FOR APPLICATIONS IS JUNE 19, 2015**

**FNSWO PHONE: (902) 639-2041    FAX: (902) 639-2981    EMAIL: john@fnswoc.ca**