

*Email completed Project Work Report to:* [*admin@forestryfutures.com*](mailto:admin@forestryfutures.com)

*For more information contact: ITP Program Coordinator at (807)343-8851 or email* [*admin@forestryfutures.com*](mailto:admin@forestryfutures.com)

**Project Work Report for Ontario’s Incremental Tree Planting Program**

# Section 1: General Information

|  |
| --- |
| **Project Number:**  Click here to enter text. |
| **Forest Name**  Include SFL number if applicable  Click here to enter text. |
| **Project Name:**  (from application)  Click here to enter text. |
| **Recipient Information:**  Company: Click here to enter text.  Contact Name: Click here to enter text.  Address: Click here to enter text.  Phone: Click here to enter text.  E-mail: Click here to enter text. |
| **Project Description:**  (from application)  Click here to enter text. |
| **Fiscal Year Reported:** Click here to enter text.  **Employment Reported This Fiscal (in person-days, based on an 8-hour work day):** Click here to enter text. |
| **Project Duration** From: **Click here to enter text.** To: **Click here to enter text.** |
| **Interim Project Work Report:**  **Year One:  Year Two:  Other:** Click here to enter text.  **Final Project Work Report:** |

# Section 2: Treatment

|  |
| --- |
| **Description of Work Completed**  Describe the work carried out including (i) the cumulative total number of incremental trees planted, (ii) the cumulative total area planted with incremental trees, as well as (iii) treatment type, equipment or labour used, chemicals used (if applicable), rate of application, species of trees planted, densities, pre- and post- treatment stems/ha and other descriptive information on the treatments completed. Be descriptive and include pictures as an appendix, if helpful, in addition to the two shapefiles required as described in Section 9 of the Terms of Program Agreement .  Click here to enter text. |
| **Challenges**  Comment on any problems or challenges to the proposed treatment. Summarize any treatment modifications to the project plan including the reasons for the changes (e.g. access, natural ingress, timing restrictions, etc.). Note any significant site impacts, as required.  Click here to enter text. |
| **Project Progress**  Describe overall progress of project (is project on schedule?). Describe any modifications in treatment area and funding requested to be carried forward, as well as any extension requests. Briefly describe contingency plans in place to complete deferred treatments/areas in the upcoming fiscal year.  Click here to enter text. |
| **Monitoring**  Briefly describe any future monitoring and surveys that may be completed on the project area.  Click here to enter text. |
| **Employment**  Indicate the total employment generated by the project, in total person-days worked, based on an 8-hour work day for each person.  Click here to enter text. |
| **Project area Shapefiles or Geodatabases Included:** |

# Section 3: Financial Summary

|  |
| --- |
| **Deviations**  Give a brief summary of any significant financial deviations from projected costs, reasons for differences, and implication for the project.  Click here to enter text. |
| **Applicant or Partner Contributions**  Highlight and describe applicant or partner contributions (in-kind and cash).  Click here to enter text. |
| **Budget**  Use and attach Excel budget tables spreadsheet form for the ITP Program, found on the Forestry Futures Website. |
| **Financial Spreadsheet Included** |

# Section 4: Declaration

|  |
| --- |
| **Declaration (Two signatures required)**  I hereby certify as a Registered Professional Forester of Ontario that this Project Work Report is a true and accurate report of the work completed during the fiscal year noted on page one of this report, in conformance with the practices and standards described in the approved Timber Management Plan or Forest Management Plan for the forest management unit named on page one of this report.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click here to enter text.\_\_  Signature of R.P.F. Date    R.P.F. Seal  I hereby certify that this is a true and accurate accounting of the monies spent on the above project during the fiscal year reported on.  Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name & Title of Authorized Signatory of Company Signature of Authorized Signatory of Company  Click here to enter text.  Date |
|  |

**INFORMATION COLLECTION NOTICE:**

All information contained in your Project Application and supporting documentations are considered public information subject to the application of the Freedom of Information and Privacy Act R.S.P. 1990. c. F. 31, and is collected under the authority of the Act.

The information may be used by the Forestry Futures Trust Committee, the Trustee of the Forestry Futures Trust, the Minister of Natural Resources or an independent auditor of the operations of the Forestry Futures Trust. The information will be used to evaluate the project, audit the project or to prepare reports or provide information as may be requested under the Crown Forest Sustainability Act. Any questions related to the collection of this information should be directed to the FFC Chair.