

*Email completed applications to:* *admin@forestryfutures.com*

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

**Project Application Form for Ontario’s Incremental Tree Planting Program**

# Section 1: General Information

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| **Forest Name**Include SFL number if applicable:Click here to enter text. |
| **Project Name**Clear, concise (ideally 6 words or less):Click here to enter text. |
| **Applicant 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 Geographic Location**[ ]  **Map Included** Provide a shapefile/geodatabase of proposed planting sites and a separate overview map including scale, north arrow, label with road/ lake/river and community names, OBM number, direction to (or location of) closest town, highway, township, names. Use appropriate scale to effectively show the distribution of treatment sites in the most efficient and effective way |
| **Project Description**Three to five lines including treatment(s), site conditions and target species.Click here to enter text. |
| **Project Duration**From: Click here to enter text. To:Click here to enter text. |
|  **For office use only :** Project Number  |

# Section 2: Project Rationale

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| **Objective (Incremental)**Describe how the work proposed for this project will result in incremental tree planting (as described in the program guidelines). Confirm that the treatments applied through this project are consistent with planned treatments and planned objectives within your Forest Management Plan. Click here to enter text. |
| **Site Description**Provide the pre-treatment site and forest conditions including Site Class, age class, origin of stand and soil and site capability. Describe the depth of soil, texture, moisture regime and terrain on the target sites. Include photos of soils and site conditions where applicable. Note: additional pre-plant site condition metrics for living biomass, woody material, and surface organic matter will be required for each polygon in the planting activity reporting shapefile (see Section 9 and Appendix A of the Program Terms of Project Agreement).Click here to enter text. |
| **Locale & Access**Quantify the proximity to the primary road network and to applicable mills or closest community from the project site. Describe, in the context of operational economics, the current access to the project site (e.g. primary road, helicopter, etc.).Click here to enter text. |
| **Co-Benefits**The primary objective of the ITP Program is to plant incremental trees as a nature-based climate solution (i.e. mitigation). Briefly describe any additional co-benefits that are expected to result from this project (e.g. habitat including species at risk, increased resiliency to climate change, etc.) with reference to Forest Management Plan objectives where applicable. Provide expected response to treatment and pertinent supporting evidence. Click here to enter text. |

# Section 3: Treatment Implementation

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| **Treatment Type**Describe the treatments being implemented including equipment and stock type to be used, if applicable. Quantify the net footprint area to be treated across the project and estimated number of seedlings to be planted by species. Discuss if the treatments proposed are consistent with the Forest Management Plan (FMP) and list relevant silviculture ground rule code(s) for each treatment type. If not consistent, please discuss what action is being taken to ensure that it does conform.Click here to enter text. |
| **Site Description (Post-Treatment)**Provide the expected post-treatment site conditions including density (stems/ha), species composition, age class structure (if applicable) and *Establishment* status (or age expected to meet establishment standard, if applicable). Provide photos of successful implementation of this treatment type on similar sites if applicable.Click here to enter text. |
| **Alternative Treatments**Describe alternative treatments considered for the proposed project and illustrate why the proposed treatment type was the preferred option. Click here to enter text. |

# Section 4: Project Success

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| **Project Success**Describe where this treatment has been implemented successfully in similar sites (provide photos of this treatment type on similar sites where available). Describe potential risks for failure in implementation and in regards to the treatment applied.Click here to enter text. |
| **Follow-Up Treatment**Describe any potential follow-up treatments (e.g. tending, second thinning, etc.) that may be required to ensure project success. Click here to enter text. |
| **Contingency Plan (if relevant)**Describe potential contingency plans if something unexpected occurs in this project. Provide alternate methods of implementing the proposed plan if the project does not succeed. Click here to enter text. |

# Section 5: Project Evaluation

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| **Project Objective**Identify what results will be needed to achieve for the project to be successful. Provide, in detail, what evaluation methods will be used and a timeframe for evaluation.Click here to enter text. |
| **Milestones**Define the milestones for success in implementing the project. Click here to enter text. |
| **Additional Information**If a call for proposals is over-subscribed (i.e. value of eligible projects exceeds available funds) the FFTC will use this information to guide prioritization of projects as described in Section 3 of the Program Guide. Please indicate to the best of your ability:* For each treatment type (by silviculture ground rule code identified in Section 3 above):
	+ Peak net merchantable volume (all species combined) of the target future forest condition yield curve
	+ Estimated proportion of sites that will receive site preparation (if any)
* Estimated proportion of sites where pre-plant landuse was not forest (i.e. land that has, or previously had (within the last 20 years), tree crown cover of at least 25% and trees of at least 5 m in height— or the potential to reach this height).

Click here to enter text. |

# Section 7: Financial

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| **Contributions & Partnerships**The ITP Program does not specifically require funding ($) or in-kind contributions by the applicant or by partners (other than Forestry Futures Trust), however projects that do include such external contributions will be preferred. Describe any investments ($) planned for treatments beyond the project term.Click here to enter text. |
| **Budget Rationale**Highlight any unusual costs for treatments proposed and describe the rationale for those costs. Click here to enter text. |
| **Budget**Use and attach Excel budget tables spreadsheet form for the ITP Program, found on the Forestry Futures Website. **Note: HST must be identified in application and reimbursement claims.** |

# Section 8: Authorization

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| **Signed Authorization**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_Seal and Signature of Registered Professional Forester Name and Title Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_Signature of Authorized Signatory of Applicant Name and Title 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.