

*Email completed applications to:* [*admin@forestryfutures.com*](mailto:admin@forestryfutures.com)

*For more information contact: Silviculture Program Coordinator at (807) 343-8010 ext. 8851 or* [*shelley.vescio@forestryfutures.com*](mailto:shelley.vescio@forestryfutures.com)

**Silviculture Project Application Form**

# Section 1: General Information

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| **Forest Name**  Include SFL number if applicable: |
| **Project Name**  Clear, concise (ideally 6 words or less): |
| **Applicant Information**  Company:  Contact Name:  Address:  Phone:  E-mail: |
| **Project Geographic Location**  **\_\_ Map Included**  Provide 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 |
| **Project Duration**  From: To: |
| **For office use only:** Project Number |

# Section 2: Project Rationale

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| **Eligibility Category** (refer to Silviculture Project Application Guide, Appendix 1) |
| **Related FFT Projects** (list project numbers for previous projects that this application is directly related to or builds upon) |
| **Objective**  Describe the issue being addressed and how it relates to the goals and objectives of your Forest Management Plan. If applicable, reference any Independent Forest Audit recommendations this project will address. |
| **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. |
| **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.). |
| **Economic Rationale**  Describe the economic rationale for this project including any impacts of this project on wood supply and/or wood quality on your forest. Confirm that the treatments applied as part of this project are consistent with planned treatments and planned objectives within the Forest Management Plan. Provide expected response to treatment and pertinent supporting evidence. This may include yield and/or piece size improvements. |

# 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. Discuss if the treatment proposed is consistent with the Forest Management Plan (FMP). If not, please discuss what action is being taken to ensure that it does conform. |
| **Site Description (Post-Treatment)**  Provide the expected post-treatment site conditions including density (stems/ha), species composition, age class structure (if applicable) and Free-To-Grow (FTG) status (or age expected to reach FTG conditions, if applicable). Provide photos of successful implementation of this treatment type on similar sites if applicable. |
| **Alternative Treatments**  Describe alternative treatments considered for the proposed project and illustrate why the proposed treatment type was the preferred option. |

# 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. |
| **Follow-Up Treatment**  Describe any potential follow-up treatments (e.g., tending, second thinning, etc.) that may be required to ensure project success. |
| **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. |

# 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. |
| **Milestones**  Define the milestones for success in implementing the project. |

# Section 6: Provincial Reporting Requirements

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| **Other Benefits**  Highlight any complementary benefits to this project including employment, training, etc. and quantify where possible (e.g., person days of employment or training). Include any potential local community (including First Nations), or business involvement. |

# Section 7: Financial

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| **Contributions & Partnerships**  Discuss funding ($) contributions by the applicant or by partners (other than Forestry Futures Trust) planned for this project. Applicant contributions must be distributed in each year of the project. Quantify in-kind contributions as a reflection of commitment to the project and any investments ($) planned for treatments beyond the project term. |
| **Schedule and Reporting**  Use only current Silviculture Application Budget Tables downloaded from www.forestryfutures.ca  See “Project Application Guide” for requirements for Project Work Reports and reimbursement requests. |
| **Budget Rationale**  Highlight any unusual costs for treatments proposed and describe the rationale for those costs. |
| **Budget**  Use only current Silviculture Application Budget Tables downloaded from www.forestryfutures.ca  **Note: HST must be identified in application and reimbursement claims.** |

# Section 8: Authorization

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| **Signed Authorization**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  Seal and Signature of Contact Person Name and Title Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  Signature of Company Officer 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.