

# Ash Protection Program Reimbursement Agreement

***This agreement must be signed before approval for joining the Ash Protection Program.***

1. Funding is on a reimbursement basis only, after all treatment has been completed.
2. Reimbursement will only be provided where documentation, as listed below, is provided.
3. Treatment must occur between ash leaf-out (date varies) and June 30 of the treatment year.
4. Reimbursement requests received after July 31 of the treatment year will not be paid.
5. Eligible trees must be treated with emamectin benzoate at the approved rate by stem injection and must be documented in the reimbursement request documentation, as described below.
6. Treatment date(s) shall be communicated directly to the N.C. Forest Service. Treated trees may be inspected by N.C. Forest Service staff at any time on or after the application date.

## **TO SUBMIT A "REQUEST FOR REIMBURSEMENT"**

*Payment is made on a reimbursement basis. This means that you must have funds available to cover treatment costs until reimbursements are made. If all documentation is in order, every effort is made to process reimbursements promptly and make payment within one month from the date the request is received. The one exception occurs between May and early July, corresponding with the close of the state fiscal year. Incomplete documentation is the most frequent cause of reimbursement delays.*

Use the reimbursement request form provided and attach:

1. Updated maps and/or Tree Specification Form originally included with your application. Individual trees do not need to be mapped unless they are spread out and not in a reasonably defined area within the municipal boundary.
2. Manpower and Equipment Documentation worksheet. List the names, positions and number of hours and salary + fringe of in-house staff engaged in the project, and any in-house equipment used to deliver the treatments. *Hours and salary + fringe are used to report the in-kind efforts of project partners to show how the funds were leveraged to maximize benefits to North Carolina communities.*
3. Treatments invoices and proof of payment.
  - a. *For contracted work:* provide copies of original invoices as well as receipts or proof of payment (canceled check, direct payment information, etc.). If trees not approved for reimbursement were also treated, attach a calculation page showing those trees are removed from the total project amount (should correlate to cumulative DBH inches treated).
  - b. *For in-house work:* provide copies of original invoices or receipts for the purchase of the treatment materials or equipment as well as proof of payment (canceled check, direct payment information, etc.).
4. Pictures of the pesticide application in progress. Include at least one picture per treatment area.

**As a duly authorized representative of the organization making this application, I hereby certify that I understand the limitations to and requirements for receiving reimbursement for treatment for emerald ash borer.**

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date