

Ash Protection Program -- Treatment Assistance Application (Part 1)

N.C. Forest Service Forest Health Program

Project Location (City): _____ (County): _____

Applicant (Organization) Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Contact Person/Title: _____

Phone: _____ Fax: _____ E-mail: _____

Community Population: _____

Target Trees

Identify one or more ownership and/or areas where trees will be treated

<input type="checkbox"/> Public Street Trees	<input type="checkbox"/> Private Residential
<input type="checkbox"/> Greenways/Trails	<input type="checkbox"/> Historical Private Property
<input type="checkbox"/> Streamside/Riparian Areas	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Parks or Open/Green Spaces	_____

This project requires that you provide specific documentation regarding trees treated and total costs, including invoices for contracted work and salary and fringe amounts for in-house staff.

Reimbursement will be paid only for the cost of the treatment material, emamectin benzoate, at up to \$16 per inch DBH treated, regardless of whether contract or in-house staff apply the treatments.

As a duly authorized representative of the organization making this application, I hereby certify that, to the best of my knowledge, all information provided herein is true and represents the desires of this organization. I further certify that I understand the purpose and rules of the program as outlined in the Application Package.

Printed Name of Authorized Representative

Title/Position

Signature of Authorized Representative

Date