

**N.C. Forest Service Forest Health Program
Ash Protection Program – Treatment Assistance Application (Part 2)**

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| Project Location (City): | Applicant (Organization) Name: |
| Trees will be treated: <input type="checkbox"/> contracted with tree care company <input type="checkbox"/> treated in-house by licensed pesticide applicators | (Optional) Treatment Area Map(s) Attached (initial if attached): |
| (Optional) Photos Showing Context of Treatment Trees/Areas Attached (initial if attached): | |

Projected Impact

Number of trees planned or contracted for treatment: _____

Cumulative DBH or treatment inches planned or contracted: _____

Justification or significance of trees selected for treatment: _____

Past Experience (Complete only if treatments will be done in-house.)

Briefly describe any past experience the organization has had with injection treatments for mature trees relating: _____

Private Sector

Is this project, or any part of it, being carried out on private property?

If yes, please explain justification or decision process briefly: _____

Please email all parts of the project application (application form Parts 1 & 2, tree specs list, maps (encouraged) and photos (encouraged) by 5 p.m. April 3, 2026 to: Jim Moeller, Forest Health Branch Head, N.C. Forest Service at james.moeller@ncagr.gov. Phone contact: 919-857-4858