N.C. Forest Service Forest Health Program
Ash Protection Program – Application

Tree Specifications List

Applicant (Organization) Name: _____ Current as of (date): _____

Check one: ☐ Initial Tree Specification List (Application)
☐ Updated Tree Specifications (Request for reimbursement)

Each tree for which funding is applied should be listed individually in this table. Submit multiple pages if needed.

Tree ID (If no system in place, use: 1, 2, 3…)	**Coordinates - Latitude** (format: 35.6737)	**Coordinates - Longitude** (format: -78.4918)	**Diameter Breast Height (DBH)**	**Historical Significance?** (☑ for yes)	**Is tree infested?** (☑ for yes)
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