

Ash Protection Program - Treatment Assistance Application (part 1)

North Carolina 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 \$12 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