

**NC Forest Service Forest Health Program
Ash Protection Program – Treatment Assistance Application (part 2)**

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 5pm on February 26, 2021 to:

Rob Trickel, Forest Health Branch Head, N.C. Forest Service

rob.trickel@ncagr.gov

919-857-4858