



Communities, Land and Environment

# Forest Enhancement Program Forest Management Plan Funding Application

PO Box 2000, Charlottetown PE C1A 7N8

*Note:* The forest enhancement program provides financial support to forest landowners for the preparation of forest management plans and the implementation of selected forest management treatments prescribed in the plan. To ensure that your share of the cost is minimized, it is essential that your forest operations are implemented in a manner that is well planned and protects the environmental integrity of the site.

**For office use only**  
Plan#

Property Number(s):

Applicant's name (**last name first**):

Street address or RR No.:

Town/community:

Province/state:

Postal code/zip code:

Location of woodlot:

Occupation:

Home Tel#:

Work Tel#:

Cell#:

E-mail:

Contact person (*if other than applicant*):

Tel# of contact person:

**Note to Applicant: (Please read carefully and sign below)**

- I am the owner, or I have obtained the owners permission, and make application for funding for the preparation of a forest management plan.
- I understand that in order to receive funding from government for the preparation of my forest management plan, the plan must be completed by a qualified individual registered with government and the forest management plan must be completed in accordance with the Management Plan Preparation Terms of Reference.
- I have read and understand the terms and conditions of the Forest Enhancement Program Agreement, and I submit the original copy with this application, duly signed and witnessed for approval by government.
- I understand that the incentive rates for forest management plan preparation as shown in the terms of reference (Appendix B), represent the maximum amount payable by government and any additional costs incurred are my responsibility.
- I understand that any funds approved for me under the Forest Enhancement Program are guaranteed from the date of authorization, for a period of 120 days or until March 31, whichever occurs first. (An extension may be granted upon request pending availability of government funds.)

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I agree to allow the department to share my name, address and property number with qualified Forest Enhancement Program consultants who may be interested in helping me to develop a management plan for me and my woodland.

YES: I agree that the Department can share this information

NO: I don't agree to share my name with consultants

YES: I want to receive information on new education initiatives, forest product, forest services and other opportunities related to the management of my woodland.

*Personal information on this form is collected under section 31(c) of the Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1988, c. F-15.01 as it relates directly to and is necessary for the Forest Enhancement Program and will be used for connecting Woodlot Owners with Private Consultants. If you have any questions about this collection of personal information you may contact the Director of Forest, Fish and Wildlife Division, PO Box 2000, Charlottetown PE, C1A 7N8 Tel:(902) 368-4700.*