

Forest Resource Improvement Association of Alberta

P.O. Box 11094, Main Post Office, Edmonton, Alberta T5J 3K4

MOUNTAIN PINE BEETLE CONTROL PROGRAM Proposal Summary-Application Form

Applicant Information

Name of Applicant: (Company Name)		Phone:	
Mailing Address:		Fax:	
Contact Person: (Authorized Representative)		Email:	
Delivery Address:			

Eligible Activities	Term of Project (month/year to month/year)	Amount of Funding Applied for Under this Application
<input type="checkbox"/> Long Distance Dispersal Monitoring <input type="checkbox"/> Containment Baiting <input type="checkbox"/> Log Yard Management <input type="checkbox"/> Aerial Detection Surveys <input type="checkbox"/> Ground Surveys <input type="checkbox"/> Level 1 Control <input type="checkbox"/> Protection of Genetic Trials, Orchards, Research Plots <input type="checkbox"/> Regional Planning Initiatives <input type="checkbox"/> Other _____ Note 1 – Submit different activities (e.g. log yard management and long distance dispersal monitoring as separate proposals. Note 2 - Cone collection no longer accepted (submit under MPB Forest Rehabilitation Program)		

Attachments:

- Proposal
- Proposed Payment Schedule
- Schedule of Financial and Technical Reports
- Other:
(describe)

Acknowledged by Applicant

The Applicant acknowledges having read and agrees to the terms and conditions described on the Template MPBP Project Grant Agreement (February 2019) to which this Application under the Mountain Pine Beetle Control Program (the “**Program**”) and the Request for Proposals, FRIAA-MPBP February 2019 (the “**RFP**”) is made subject. The Applicant acknowledges and agrees that by its submission of this Application it shall be bound by the terms of the Program as modified in the RFP, these terms and conditions, and FRIAA’s policies, procedures, protocols and guidelines. The Applicant also acknowledges and agrees that this Application may be accepted by FRIAA on further terms or conditions, which shall be binding on the Applicant once the proposed project is undertaken by the Applicant.

_____ Applicant (Authorized Representative)	_____ Date
_____ Print Name	