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| **Forest Resource Improvement Association of Alberta**  P.O. Box 11094, Main Post Office, Edmonton, Alberta T5J 3K4  **MOUNTAIN PINE BEETLE CONTROL PROGRAM**  **December 2020 Level 1 Control Request for Proposals**  **Proposal Summary-Application Form** | | | | | | | | | | | |
| **RFP # (Internal Use Only)** | | | | | | | Submission Deadline: December 28, 2020 4:00 PM MST | | | | |
| **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** |
| Level 1 Control | | | | | | | \*Start date must be no earlier than **February 1, 2020** as approval will not occur prior to this date | | | |  |
| **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 (December 2020 Level 1 Control) to which this Application under the Mountain Pine Beetle Control Program (the “**Program**”)and the Request for Proposals, FRIAA MPBP December 2020 Level 1 Control (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** | | |