# FOREST RY DIVISION

## Department of Agriculture, Food and the Marine

**Reconstitution of Woodland Scheme (Frost)**

## FORM1: APPLICATION FOR APPROVAL

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| **FO Number** | **FO** |

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| --- | --- |
| **Contract No.** |  |

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## APPLICANT DETAILS

PLEASE COMPLETE IN ***BLOCK CAPITALS***

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| --- | --- | --- |
| **1.** | **Surname** |  |
| **2.** | **First Name(s)** |  | **Title:** |
| **3.** | **Company Name** **(if applicable)** |  |
| **4.** | **Address (postal)** |  |
|  |
|  |
| **5.** | **Date of Birth****(*for*** ***verification purposes only)*** |  | **6.** | **E-mail Address** |  |
| **7.** | **Fax Number** |  |
| **8.** | **Telephone Numbers** | Home | Business | Mobile |
| **9.** | **PPS Number** *of each applicant* |  |  |  |
| **10.** | **Farm / Herd No.** |  |
| **11.** | **Vat No.** (*if any)* |  |
| **12.** | **C.R.O. No.** |  |
| **13.** | **Tax District** |  |
| **14.** | **Occupation** | Farmer Part-time FarmerNon- Farmer Corporate BodyPublic Authority Other |
| **15.** | **Ownership of Farm** | Full Owner Joint Owner Lessee |
| **16.** | **Total Farm Size** | Less than 3 hectares 3 hectares or more |

## Version – Dec 2021

**SITE LOCATION**

|  |  |  |
| --- | --- | --- |
| **17.** | **County** |  |
| **18.** | **Townland/s** |  |
|  | PLEASE USE BLOCK CAPITALS |
| **19.** | **District Electoral Division** |  | **20. Folio No.** |  |
| **21.** | **Nearest Village** |  |
| **22.** | **Site Area** | Hectares |
| **23.** | **O.S. 6” Map No.** |  |

**OWNERSHIP AND USE OF PROPOSED SITE**

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| **24.** | **Ownership** | **Are you the owner of the lands Yes No \****If ‘No’ please tick the appropriate boxes*Part-owner CommonageJoint Management Consent PartnershipLeased Other **\****If ‘partnership’, please specify with whom:***\***Written consent of owner to be provided |
| **25.** | **Constraints of ownership** | Turbary Right of way Grazing None  |

**DECLARATION, CONSENT AND APPLICATION**

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| I am over 18 years old. |
| I understand that an applicant cannot claim forestry grant or premium in respect of any area that is included in his/her claim under any other area-linked EU scheme in the same calendar year, except where the applicant has fulfilled national rules for these schemes. |
| I hereby apply for approval for Reconstitution of Woodland Scheme (Frost). I understand that I must not undertake any forestry work, preliminary or otherwise, before I receive written notification from the Forest Service. Otherwise, this will constitute an unapproved development and there will be no entitlement to the grant or premium. |
| The details given on this form are correct to the best of my knowledge. |
| I consent to the release of non-personal information supplied by me in respect of this application as required to comply withcurrent environmental consultation procedures and Freedom of Information Acts. |
| I enclose/will provide relevant documentation in relation to ownership of the lands in question. I understand that this documentation may be provided before any grant will be paid. |
| I am responsible for the successful establishment of this forest. The Department will not be held liable for any issues that may arise regardless of any Department inspection that this site may receive. |
| I/We are aware of obligations under general de minimis rules as set out under Commission Regulation (EU) No 1407/2013 on the application of Articles 107 and 108 of the treaty on the functioning of the European Union to de minimis aid, (Official Journal reference number L:2013:352). In this regard I /we will undertake to submit details of all de minimis payments during the previous rolling three-year period. I also understand that if the cumulative amount of all de minimis payments received during the 3-year rolling period exceeds €200,000 the payment cannot be made. |
| I/We undertake to retain all invoices and receipts associated with this application for 6 years after payment of the 2nd instalment grant, during which time the Department may seek to examine and verify. |
| I/We understand that an applicant cannot claim aid in respect of any area that is included in his/her claim under any other area-linked EU scheme in the same calendar year, except where the applicant has fulfilled national rules for these schemes. |
| The Registered Forester named in Section C is authorised to discuss this application directly with the Forest Service on my behalf. |
| I agree that my details can be released to Teagasc or other state agencies and/or third level institutions who may subsequently communicate with me, in relation to forestry educational, training and development events, research, promotional material and the harvesting of timber. | Yes  | No  |
| I agree to be contacted by the Department in respect of forestry educational, training and promotional events. | Yes  | No  |
| Applicant(s) Signature |  | Date |  |
|  |

Where the application is made on behalf of more than one person, all parties must sign. Where the application is made on behalf of the company or legal entity, please enter the official status of the signatory, e.g. Company Secretary

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| **Frost Damage** | Yes | No |
| I confirm that damage levels in planted stock exceed 30% of the initial stocking |  |  |
| I confirm that the land was afforested between 1st November 2017 and 1st June 2021 under one of the following schemes:* Afforestation Scheme
* Native Woodland Scheme
* Neighbourwood Scheme
* Reconstitution and Underplanting Scheme (RUS – Ash Dieback)
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## RECONSTITUTION DETAILS

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| Original Contract Number of Forest affected |  |
| Completion date of original contract |  |
| Was the site insured for reconstitution following frost? | Yes No |
| Total value of Insurance settlementOf which relates to reconstitution costs | € | Settlement Received | Yes No |
| € |
| Does the insurance policy have an excess?Yes No | Total value of Excess amountOf which relates to reconstitution costs | € |
| € |
| Has the site already been replanted? | Yes No | Date of completion of replanting |  |
| Total cost of reconstitution (excl. VAT) | € |

**RECONSTITUTION COSTS ASSOCIATED WITH THIS APPLICATION**

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| --- | --- | --- | --- |
| **Site preparation** *(including drainage)*  | **Operation** *(tick appropriate boxes)* | **Area** **(hectare / metre)**  | **Cost\*** **exclusive of VAT**  |
| Planting | ha  | €  |
| Remedial pruning and shaping  | ha  | €  |
| Weed control | ha  | €  |
| Woody weed removal | ha  | €  |
| **Standard Stocking & spacing**  |  Yes No  |  |  | If No please give details:  |
|  |
| Cost of Plants  | €  |
| Number of Plants  |   |
| **Planting Method**  | Angle Notch  |  |
|  Pit |  |  |
|  Machine  |  Slit  |
|  Other Details:   |
|  Cost of planting  | €  |
|  Number of plants  |   |
| **Fertiliser**  |  Zero 250 Kg grp  350 Kg grp Other (specify)  | ha     | €  |
| **Fertiliser application**  |   | ha  | €  |
| **Vegetation Management**  | Herbicide  | ha  | €  |
| Manual  | ha  | €  |
| **Pine weevil control**  |   | ha  | €  |
| **Management/Supervision**  *(Maximum 30% of direct costs)* |   |  | € |
| **TOTAL COST**  | **€** |
| **Estimated Completion Date for all works (***date completed if works already done***)** |  |

**PLOT DETAILS – ALL PLOTS IN PLANTATION**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Plot no.**  | **Claimed area** **(ha)**  | **GPC**  | **Land Use** **Type**  | **Original****Species****Area (ha)**  | **Affected Species area** **(ha)**  | **% Mortality Present** | **% of Plantation Affected\*\*** | **Mixture Type** | **Est YC** | **Exclusion Area (ha)** | **Exclusion Type** |
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| **TOTAL**  |  |  |  |  |  |  |  |  |  |  |  |

\*\* % of Plantation Affected is to be completed in the Totals row under the relevant column

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| Have you made an application for funding to any other State or EU body in respect of this project?  | Yes [ ] No [ ] *If ‘YES’, please give details*  |

## DECLARATION BY REGISTERED FORESTER

## Declaration

* I enclose a map of the proposed site with a label detailing the proposed species as specified in the Forestry Standards and procedures Manual and in the Scheme documents.
* I hereby request approval of this proposal.
* I declare that the proposal as detailed above meets the conditions of the Reconstitution of Woodland Scheme (Frost) as defined in the Forestry Standards and Procedures Manual and in the Scheme document.
* I declare that I have complied with all necessary protocols, procedures, silvicultural and other standards, as outlined in the Forest Service publications and updates to the Registered Foresters.
* I declare that I am registered on the Departments register of Foresters and entitled on the basis of my registration to submit this application.
* I accept that any false information provided may make this application invalid in whole or part.
* I have assessed all plots following a field assessment.
* I declare that these losses have occurred due to the frost conditions that occurred as set out in the Scheme document.

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| --- | --- | --- | --- | --- |
| Name of the Registered Forester/Company |  |  | E-mail: |  |
| Mobile No: |  |
| Address |  |
| Agent No: | AGT |
| Name (BLOCK CAPITALS) |  |
| Signature |  |
| Date of Field Assessment |  | Date of Report |  |

**DECLARATION BY BENEFICIARY**

“I/We understand that in accordance with the European Union Guidelines for state aid in the agriculture and forestry sector and in rural areas 2014 – 2020 data of beneficiaries of funding under the Forestry Programme 2014 – 2020 will be published and may be processed by auditing and investigating bodies of the European Union. This information will be published on the Department’s website and will include the full text of the notified aid scheme and its implementing provisions, the granting authority, the names of the individual beneficiaries, the form (in particular the aid instrument) and amount of aid granted to each beneficiary, the date of granting, the type of undertaking (SME/ large enterprise), the region (at NUTS level II) in which the beneficiary is located and the principal economic sector in which the beneficiary has its activities, at NACE group level. This will only apply to beneficiaries where the cumulative aid amount granted at financial approval is greater than €60,000 for beneficiaries active in primary agriculture production and €500,000 for others for the amount of aid granted at the time of financial approval discounted at the rate applicable at the time (currently 5%). Such information will be published after the granting decision has been taken and will be kept for at least 10 years and shall be available for the general public without restrictions. These records must be maintained for 10 years from the date of award of the aid and must be provided to the Commission upon request.

I/We also understand that all personal data will be processed in accordance with the Data Protection Acts 1988 to 2018 and the General Data Protection Regulation (GDPR)”

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| Beneficiary/s Signature/s |  | Date: |  |
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The General Data Protection Regulation (GDPR) came into force across the European Union on 25th May, 2018. It affects the way in which businesses and organisations, such as Forestry Division and the Forestry Inspectorate of the Department of Agriculture, Food and the Marine, process personal data for all EU citizens. GDPR gives people greater control over how their data are collected and processed. Personal data are any information that can identify an individual, such as name, address, land parcel information, etc. For more information on GDPR and how it affects you, please see a detailed information note on the Department’s website at [www.agriculture.gov.ie](https://www.agriculture.gov.ie/forestservice/grantsandpremiumschemes2015-2018/), under Forestry; Grants and Premium Schemes.

**DECLARATION OF NON INSURANCE WHERE APPLICABLE**

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| I/We declare that the site described in this application was not insured for frost during the period 1st November 2018 to the 1st June 2021 in part or in whole. I also declare that I\we have not received any compensation or payment arising from frost damage.  |
| Beneficiary(ies) |  | Date |  |
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| --- |
| Signature(s)  |

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| **Checklist** | Yes | No |
| Form signed and dated by applicant(s) |  |  |
| Form signed and dated by Registered Forester |  |  |
| **Supporting Documentation** |  |  |
| Form 2A |  |  |
| Declaration of tree failure caused by frost |  |  |
| Site Location Map |  |  |
| Certified Species Map identifying the damaged area |  |  |
| Invoices/receipts for remedial works completed |  |  |
| Provenance Certificates |  |  |