



WOODLAND IMPROVEMENT SCHEME FORM1: APPLICATION FOR APPROVAL FOR CCF

FO Number	FO
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CCF No.	
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APPLICANT DETAILS

Please complete in **BLOCK CAPITALS**

1.	Surname			
2.	First Name(s)			Title:
3.	Company Name (if applicable)			
4.	Address (postal)			
5.	E-mail Address			
6.	Fax No.			
7.	Date of Birth (<i>required for verification purposes only</i>)	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	Telephone Numbers	Home	Business	Mobile
9.	PPS Number of each applicant			
10.	Farm / Herd No.			
11.	Vat No. (<i>if any</i>)			
12.	C.R.O. No.			
13.	Tax District			
14.	Occupation	<input type="checkbox"/> Farmer	<input type="checkbox"/> Part-time Farmer	
		<input type="checkbox"/> Non- Farmer		
		<input type="checkbox"/> Public Authority	<input type="checkbox"/> Corporate Body	
15.	Ownership of Farm	<input type="checkbox"/> Full Owner	<input type="checkbox"/> Joint Owner	<input type="checkbox"/> Lessee
16.	Total Farm Size	<input type="checkbox"/> Less than 3 hectares	<input type="checkbox"/> 3 hectares or more	
17.	Contract Number(s), where forests have been grant aided			



SITE LOCATION

18.	County			
19.	Townland/s PLEASE USE BLOCK CAPITALS			
20.	District Electoral Division		21. Folio No.	
22.	Distance from home address	Kilometres	23. Nearest Village	
24.	Site Area	Hectares		
25.	O.S. 6" Map No.		Elevation (m)	

OWNERSHIP AND USE OF PROPOSED SITE

26.	Ownership	Are you the owner of the lands	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		<i>If 'No' please tick the appropriate boxes</i>		
		Part-owner	<input type="checkbox"/>	Commonage
		Joint Management Consent	<input type="checkbox"/>	Partnership
		Leased	<input type="checkbox"/>	
		<i>If 'partnership', please specify with whom:</i>		
27.	Access road to site	Do you have adequate access to manage the site?		
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Permission to use <input type="checkbox"/>

DECLARATION, CONSENT AND APPLICATION

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 of this proposal. I understand that I must not undertake any forestry work, preliminary or otherwise, before I receive written approval from the Department. Otherwise I have no entitlement to the grant.	
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 with current environmental consultation procedures and Freedom of Information Acts.	
If requested by the Department I 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 agree to be contacted by the Department in respect of forestry educational, training & promotional events.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
Applicant/s Signature/s	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



CCF No.

Contract Number of the Original Afforestation Application:

Felling Licence Number:

Date Felling Licence expires:

Has the forest area already been subject to a WIS grant (not CCF)

Yes No

If yes, CN number of previous WIS contract

CCF Tranche number (1, 2 or 3)

Where did you first learn about CCF?

SILVICULTURAL CONSIDERATIONS

		YES	NO	R*
1.	Is the site suitable for CCF?			
2.	Is the site capable of producing Sitka spruce YC 14			
3.	Describe soil type and drainage			

ENVIRONMENTAL CONSIDERATIONS

		YES	NO	R*
1.	<u>Water Quality</u>			
1.1	Is the area > 5 ha and sensitive for fisheries?			
1.2	Is the area non-sensitive for fisheries and > 40 ha?			
1.3	Is the area > 10 ha and within a catchment area of a Local Authority designated water scheme?			
2.	<u>Designated Habitats</u>			
2.1	Is the area within NHA, pNHA, SAC, SPA or National Park?			
2.2	Is the area within 3 km of a NHA, pNHA, SAC, SPA or National Park?			
3.	<u>Archaeology</u>			
3.1	Does the area contain an archaeological site or feature with intensive public usage?			
3.2	Does the area contain, adjoin or lie within 30m of a listed archaeological site or monument, or another area of recognised historical, cultural or archaeological significance such as an 'archaeological area', a 'zone of archaeological amenity', a World Heritage Site or a battlefield?			

Note A: In the case of a church, abbey, friary, burial ground, graveyard or similar religious monument, i.e. sites with the potential for unmarked burials or other low-visibility features in their wider environs, the criteria is "within 100m".

Note B: In the cases where the success route to the area proposed for works falls within these distances of a listed archaeological site or monument this question should also be answered in the affirmative.

*Separate report attached



CFF No.

CCF ACTIVITY ASSOCIATED WITH THIS APPLICATION

PLOT DETAILS

Plot No.	Previous CN No.	Area (ha)	GPC	Species	Species Area (ha)	Mixture Type	Planting Year	Est. YC	Exclusion Area (ha)	Excl. Type	Grant aided Y/N	Refor Y/N
Total												

APPLICATION AND 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.
- I hereby request approval of this proposal.
- I declare that the proposal as detailed above meets the conditions of the Woodland Improvement Scheme as defined in the Forestry Standards and Procedures Manual.

Name and Designation			
Name of Registered Forester			Email
			Mobile
Address			
Agent No.	AGT		
Name (BLOCK CAPITALS)			
Signature			
Date of Field Assessment	□□ □□ □□□□	Date of Report	□□ □□ □□□□



CFF No.	
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TYPE OF BUSINESS/ENTERPRISE

(To be completed by applicant)

SME Small/Medium Enterprise < 250 Employees	<input type="checkbox"/>
Large Company Provide documents as listed on attached Appendix A	<input type="checkbox"/>

INCENTIVE EFFECT (SME/BENEFICIARY) DECLARATION

By ticking this box, I declare that the work described herein, would not have been undertaken if it was not for the financial support provided under State Aid rules. Without this Aid there would be no change to current activities.	<input type="checkbox"/>
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ECONOMIC ACTIVITY OF BENEFICIARY

1.0	AGRICULTURE	
1.1	Growing of non-perennial crops	
1.2	Growing of perennial crops	
1.3	Plant propagation	
1.4	Animal production	
1.5	Mixed farming	
1.6	Support activities to agriculture and post-harvest crop activities	
1.7	Hunting, trapping and related service activities	
2.0	Forestry	
2.1	Silvicultural and other forestry activities	
2.2	Logging	
2.3	Gathering of wild growing non-wood products	
2.4	Support services to forestry	
3.0	Other	
	Other description	



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 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).

Beneficiary/s Signature/s		Date:	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

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, under Forestry; Grants and Premium Schemes.