

**NC Forest Service Forest Health Program  
Ash Protection Program – Treatment Assistance Application (part 2)**

<b>Project Location (City):</b>	<b>Applicant (Organization) Name:</b>
<b>Trees will be treated:</b> <input type="checkbox"/> contracted with tree care company <input type="checkbox"/> treated in-house by licensed pesticide applicators	<b>(Optional) Treatment Area Map(s) Attached (initial if attached):</b>
<b>(Optional) Photos Showing Context of Treatment Trees/Areas Attached (initial if attached):</b>	

**Projected Impact**

Number of trees planned or contracted for treatment: \_\_\_\_\_

Cumulative DBH or treatment inches planned or contracted: \_\_\_\_\_

Justification or significance of trees selected for treatment: \_\_\_\_\_

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**Past Experience (complete only if treatments will be done in-house)**

Briefly describe any past experience the organization has had with injection treatments for mature trees relating: \_\_\_\_\_

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**Private Sector**

Is this project, or any part of it, being carried out on private property?

If yes, please explain justification or decision process briefly: \_\_\_\_\_

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**Please email all parts of the project application (application form parts 1 & 2, tree specs list, maps (encouraged), and photos (encouraged)) by 5pm on February 15, 2018 to:**  
Kelly Oten, Forest Health Monitoring Coordinator, N.C. Forest Service  
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919-609-1556