

**2022-2023 First Nations’ Emergency Services Society (FNESS) - Indigenous Services Canada (ISC)**

***On-Reserve FireSmart™ Program***

**APPLICATION FORM**

The *On-Reserve FireSmart™ Program* is a stream-lined initiative with simplified application and reporting requirements designed to encourage First Nations participation in the nationally recognized FireSmart™ program.

The programis intended for implementation on sites within the recognized FireSmart Zones Immediate (0-1.5m), Intermediate (1.5-10m) and Extended (10-30m) around homes and critical infrastructure.

To be eligible for treatment funding you must show your affected structures and related work zones on a map. Preparation of mapping is a fundable activity so if you need help and/or funding to prepare such a map include that activity and cost in your application budget.

If you wish to prepare a broader FireSmart plan for your community, this too is fundable under this program. FNESS can help you prepare such a plan.

Please type directly in this form or print and complete.  Additional space or pages may be used as required.

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 1: APPLICATION INFORMATION** | | | |
| First Nation: |  | Date of Application | Click or tap to enter a date. |
| Contact Person\*: |  | Title: |  |
| Phone: |  | Email: |  |

*\* Contact person must be an authorized representative of the applying First Nation.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SECTION 2: PROJECT INFORMATION** | | | | | | |
| 1. | **NAME OF PROJECT ISC 2022-2023:** | | | | | |
| 2. | **COMMUNITY HAS COMPLETED A FIRESMART PLAN:**  Yes**\***      No**\*\***  ***\*****If yes, please attach*  ***\*\*****if no, applicants must include a planning and mapping effort within this application.* | | | | | |
| 3. | **Have you consulted with FNESS regarding this project application?**  Yes      No\*   ***\*If not, do so BEFORE you submit your application. You and FNESS must co-develop your project proposal BEFORE you apply.*** | | | | | |
| 4. | **CONSULTATION WITH OTHERS.**Were any other agencies consulted in the development of the project and/or application prior to submission? Please list all contacts and provide any supporting documentation: | | | | | |
| Local fire officials | |  | FNESS Contact: | | ***This is a mandatory program requirement.*** | |
| 5. | **COMMUNITY HAS ATTAINED FIRESMART CANADA NEIGHBOURHOOD RECOGNITION PROGRAM OR IS PRESENTLY ENGAGED IN THE PROGRAM?**  Yes      No  If working towards FSC Neighbourhood Recognition, please describe your current progress in 5-step program. | | | | | |
| 6. | **PROJECT DESCRIPTION.**Please provide a description of the geographic area, fuel hazard  and list the objective(s) of the proposed fuel treatment. Summarize broad prescription objectives and targets here. | | | | | |
| 7. | **PROPOSED NUMBER OF HECTARES AND STRUCTURES TO BE AFFECTED.** | | | | | |
| New area: | | | | | ha’s. | |
| Number of structures\* that will directly benefit from this treatment:*\*Show on map with application* | | | | |  | |
| 8. | **OTHER WILDFIRE MITIGATION STRATEGIES.**Please describe the extent to which your community is undertaking wildfire risk mitigation activities under different programs or self-funded initiatives and how this project would contribute to community safety. | | | | | |
| Eligible costs and activities are outlined in the 2022-2023 FNESS-ISC On-Reserve Operational Fuel Treatment and On-Reserve FireSmart*™* Program and Application Guide.  In Section 3 below, include all proposed eligible activities and related costs and clearly describe the proposed treatments, including information on the estimated days of work, hourly/daily rates and types of equipment and estimated hours of use.  If hand and mechanical treatments are proposed, provide separate descriptions and costs. | | | | | | |
| **SECTION 3: PROPOSED FUEL TREATMENT ACTIVITIES & COSTS**  *\*See the 2022-2023 FNESS-ISC On-Reserve Operational Fuel Treatment and On-Reserve FireSmart™ Programs & Application Guide for eligible activities.* | | | | | | |
| Activity Description | | | | | | **Proposed Cost** |
| Pruning.  Please describe your treatment standards and costs here: | | | | | | **$** |
| Tree felling. Please describe your treatment standards and costs here: | | | | | | **$** |
| Thinning. Please describe your treatment standards and costs here: | | | | | | **$** |
| Applicant cost for ISC Timber Permitting (if tree cutting/removal required) Please describe: | | | | | | **$** |
| Piling.  Please describe your treatment standards and costs here: | | | | | | **$** |
| **Eligible Debris Management Activities:** | | | | | | |
| Pile burning.  Please describe: | | | | | | **$** |
| Piling, including hand and mechanical piling.  Please describe: | | | | | | **$** |
| Debris management if burning on site is not considered a viable option. Please describe: | | | | | | **$** |
| Moving flammable fuels or ignition sources such as dead and decaying brush, grass, or vegetation, away from structures. Please describe your treatment standards and costs here: | | | | | | **$** |
| **Other Eligible Activities:** | | | | | | |
| Fuel Management Prescription for complex treatments or high values at risk.  Discuss necessity for such a plan with your Mitigation Specialist.  Please describe: | | | | | | **$** |
| Traffic and/or public access management. Please describe your treatment standards and costs here: | | | | | | **$** |
| Custom Venting Forecast. Please describe: | | | | | | **$** |
| Danger Tree Assessments.  Please describe: | | | | | | **$** |
| Creation of non-flammable zone around structures. Please describe: | | | | | | **$** |
| Tree planting for species conversion.  Please describe your treatment standards and costs here: | | | | | | **$** |
| Applicant administration costs directly related to fuel treatment activities.  Please describe your treatment standards and costs here: | | | | | | **$** |
| Post-treatment signage and public information directly related to this application. Please describe your treatment standards and costs here: | | | | | | **$** |
| FireSmart Plan preparation, Neighborhood Hazard Assessment, Home Ignition Zone assessments for homes and Critical Infrastructure, Prioritization of structures at risk.  Describe your approach, number of structures evaluated and cost details here:  Please describe your treatment standards and costs here: | | | | | | **$** |
| Preparation of post-treatment map and report. Please describe your treatment standards and costs here: | | | | | | **$** |
| **Total Proposed Costs:** | | | | | | **$** |
| **Total Grant Requested:** | | | | | | **$** |
| Please note that you will be required to provide detailed information on contributions from other grant programs and all project revenues. If information is available now, please complete Sections 4 and 5 below: | | | | | | |
| **SECTION 4: OTHER GRANTS APPLICABLE TO YOUR PROJECT** | | | | | | |
| Grant(s) Description: | | | | **Estimated Grant Value** | | |
|  | | | | **$** | | |
| **SECTION 5: REVENUE (all sawlog and forest product sales)** | | | | | | |
| Revenue(s) Description: | | | | **Estimated Revenue** | | |
|  | | | | **$** | | |
| **SECTION 6: SIGNATURE (To be signed by authorized Band Signatory as per Band Council Resolution)** | | | | | | |
| I certify that the area covered by the proposed FireSmart treatment: (1) is not scheduled for development and (2) is located on Reserve lands. | | | | | | |
| Name: | | | | **Title:** | | |
| Signature: | | | | **Date:** Click or tap to enter a date. | | |

Bands are responsible for proper fiscal management, including maintaining acceptable accounting records for the project. FNESS and/or the funder (Canada) reserve the right to audit these records.

In addition to the Application Form, the following separate attachments are required to be submitted:

First Nation Band Council Resolution, indicating: A) support for the application, B) willingness to provide overall grant management, and C) identifying a designated band representative with signing authority for the project if awarded.

 Map(s) that clearly identify the FireSmart™ Area of Interest, treatment area(s) and structures that are the subject of the application. FNESS can assist applicants with the mapping requirements.

Applications should be submitted as Word or PDF files.  If you choose to submit your application by e-mail, hard copies do not need to follow.

Applications will be received starting on October 3, 2022 and will be accepted on a 'rolling intake' basis. Please refer to the Program and Application Guide for further details.

**Mitigation Department, First Nations’ Emergency Services Society.**

E-mail: [kalexandre@fness.bc.ca](mailto:kalexandre@fness.bc.ca) Address: A274 Halston Road, Kamloops, BC, V2H 1P7