**2024-2025**

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

***On-Reserve Operational Fuel Treatment Program***

**APPLICATION FORM**

The On-Reserve Operational Fuel Treatment Program is designed to treatment of forest fuels that pose a wildfire threat to communities or critical infrastructure.

To be eligible for operational fuel treatment funding there must be a spatially explicit plan and the area must be identified in a CWRP/CWPP as a priority area and must have an approved fuel management prescription prior to treatment. Prescriptions are funded under this program.

**Applicants have up to 2 years from the time of application approval to complete projects. No further applications for ISC OFT or ISC funded FireSmart projects will be entertained until the current approved project have final reports approved.**

Projects must be within Reserve lands, must be within the 1 km WUI and have a Wildfire Behaviour Threat Class of Moderate-to-Extreme. Eligible applicants may receive up to $150,000.00 in funding per First Nation.

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 and address: |  | Date of Application |  |
| Contact Person\*: |  | Title: |  |
| Phone: |  | Email: |  |

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

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| --- | --- | --- | --- | --- | --- | --- |
| **SECTION 2: PROJECT INFORMATION** | | | | | | |
| 1. | **NAME OF PROJECT: “ISC 2024-2025 -**      ” | | | | | |
| 2. | **FOR OPERATIONAL FUEL TREATMENT PROJECTS: COMMUNITY HAS A COMPLETED AND APPROVED CWPP/CWRP ON FILE WITH FNESS?**  Yes     No If no, project is not eligible for funding. | | | | | |
| 3. | **COMMUNITY HAS A COMPLETED AND APPROVED FOREST FUEL MANAGEMENT PRESCRIPTION:**  Yes     No If no, applicants *must* include a prescription preparation effort within this application. | | | | | |
| 4. | **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, or it will not be considered.* | | | | | |
| 5. | **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.*** | |
| 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.**Please provide the proposed hectares to be treated. | | | | | |
| New area: | | Gross area       ha’s. | Net Area: | | ha’s. | |
| Maintenance Treatment: | | Gross area       ha’s. | Net Area: | | ha’s. | |
| 8. | **WUI WILDFIRE THREAT RATING AND SURFACE FIRE INTENSITY CALCULATION OF PROPOSED TREATMENT AREA.**Please indicate the current WUI wildfire threat rating for the treatment area located at: [Tools for fuel management](https://www2.gov.bc.ca/gov/content/safety/wildfire-status/prevention/fire-fuel-management/fuel-management).  Also include the targeted wildfire threat rating after the treatment is completed. Please include fuel loading and surface fire intensity data for the treatment unit(s) unless previously discussed and waived by FNESS Mitigation Specialist.    NB: Wildfire Threat Plots may be established to verify or challenge an inaccurate WUI wildfire threat rating.Wildfire Threat Assessment Worksheet(s) – Fuel Assessment (Site Level) (June 2020) to be used [2020 Wildfire Threat Assessment Guide & Worksheets](https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/wildfire-status/prevention/fire-fuel-management/fuels-management/2020-wildfire-threat-assesment-guide-final.pdf) | | | | | |
| 9. | **OTHER ACTIVITIES.**Please describe the extent to which your community is undertaking  wildfire risk mitigation activities under different programs or self-funded initiatives. Area(s) where previous treatments have occurred are to be shown on map attachments as per the Program & Application Guide. | | | | | |
| 10. | **CONTRACTOR INFORMATION.**If a contractor is being utilized to do some or all the  work, please describe how you will ensure this professional is operating within his scope of practise.    If known, include the name(s) of the contractor(s).  **Fuel Management Prescription Contractor:**  **Operational Treatment Contractor:**             **GIS Contractor:** | | | | | |
| Eligible costs and activities are outlined in the 2024-2025 ISC On-Reserve Operational Fuel Treatment Program & 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** | | | | | | |
| Activity Description(Describe hours, hourly rate, equipment costs, etc.) | | | | | | **Proposed Cost** |
| Fuel Management Prescription preparation or amendment.  Prescriptions must satisfy requirements of the Forest and Range Practices Act, meet current prescription guidelines, and use the current BCWS Fuel Management Prescription template. See Guide for link. Please describe: | | | | | | **$** |
| **Proposed Eligible Fuel Treatment activities**: | | | | | | |
| Pruning.  Please describe: | | | | | | **$** |
| Tree felling, including hand and mechanical tree felling.  Please describe: | | | | | | **$** |
| Danger tree assessments and falling to address public safety and protect critical infrastructure. | | | | | | **$** |
| Thinning, including hand and mechanical thinning.  Please describe: | | | | | | **$** |
| Piling, including hand and mechanical piling.Please describe: | | | | | | **$** |
| **Eligible Debris Management Activities:** | | | | | | |
| Pile burning.  Please describe: | | | | | | **$** |
| Debris management if burning on site is not considered a viable option. Please describe: | | | | | | **$** |
| **Other Activities:** | | | | | | |
| Traffic and/or public access management.  Please describe: | | | | | | **$** |
| Access/egress route right-of-way widening. Please describe: | | | | | | **$** |
| Custom Venting Forecast. Please describe: | | | | | | **$** |
| Danger Tree Assessments.  Please describe: | | | | | | **$** |
| Pre-treatment WUI Wildfire Threat Assessment plot data to confirm need:  (CWRP Plot data can be submitted as supporting data if available) | | | | | | **$** |
| Updates to existing threat plots and related spatial data to confirm WUI Wildfire Threat Assessment. Please describe: | | | | | | **$** |
| Post-treatment Wildfire Threat Plots and critical surface intensity data to verify treatment effects and effectiveness. Please describe: | | | | | | **$** |
| Preparation of post-treatment maps, spatial data, and metadata. Please describe: | | | | | | **$** |
| Notifications of operational fuel treatment commencement to First Nations and other tenure holders. Please describe: | | | | | | **$** |
| Staff and contractor costs directly related to fuel treatment activities including costs to complete Timber Permit requirements and project implementation costs. Including ISC required assessments (Archaeology, SARA, Environmental Impact, Site Plan).  Please describe: | | | | | | **$** |
| Applicant administration costs directly related to fuel treatment activities (limited to 5% of gross project value). Please describe: | | | | | | **$** |
| Post-treatment signage and public information directly related to completed fuel treatment activities. Please describe: | | | | | | **$** |
| Other proposed activities. Please describe: | | | | | | **$** |
| **Total Proposed Costs:** | | | | | | **$** |
| **Total Grant Requested:** | | | | | | **$** |
| **Anticipated Cost/ha\*:** | | | | | | **$** |
| **NB \*:** The derived cost/ha is based on net treatment area(s) and is the maximum cost/ha payable under any subsequent agreement between the Band and ISC/FNESS. Any changes from this amount will be proposed and approved as per the Program and Application Guide.  Please note that you will be required to provide detailed information on contributions from other grant programs and all project revenues. | | | | | | |
| **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 operational fuel treatment: (1) is not scheduled for development; (2) is not scheduled for sale; and (3) is located on Reserve lands. | | | | | | |
| Name: | | | | **Title:** | | |
| Signature: | | | | **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 support for the current proposed activities and willingness to provide overall grant management and designate a Band representative who is the authorized signatory for the project.

 Maps that clearly identify the area(s) that are the subject of the application.

 Pre-treatment WUI Wildfire Threat Assessment Worksheets, threat plot photos, fuel loading assessment and methodology used.

 Excerpt from current CWRP/CWPP showing the proposed treatment area is a priority to safeguard the community.

If completed, a copy of approved fuel management prescription for the proposed treatment area.

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 accepted on a 'rolling intake' basis. Please refer to the Program and Application Guide for further details.

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

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