

Section 2: Equipment Information/Grant Request⁴

Type of Equipment: _____

Make: _____ Model: _____ Year: _____⁵ Hours on Machine: _____

Serial Number of Equipment: _____

Location of Equipment (City and Province/Territory): _____

Condition of Equipment: New Used⁶ or Retrofit Improvements⁷

If Retrofit Improvements, when was original Equipment purchased by Applicant: _____⁸

If Retrofit Improvements, was vendor of original Equipment an Affiliate of Applicant: Yes or No ⁹

If Retrofit Improvements, have you assessed the feasibility of retrofitting Applicant's existing equipment compared to purchasing new Equipment? Yes or No If yes, please provide details of such evaluation:

If Retrofit Improvements, please provide details on how Equipment was selected:

Purchase Price of Equipment/Cost of Retrofit Improvements: \$ _____¹⁰

Amount of Grant Requested: \$ _____¹¹

Amount to be Financed: \$ _____

⁴ If applying for more than one (1) piece of Equipment (i.e. New, Used and/or Retrofit Improvements), please complete a Section 2 for each such Equipment and/or Program stream.

⁵ Must be a model year of 2019 or newer.

⁶ Used equipment must be operated for less than 15,000 hours at the time of purchase and must be a model year 2019 or newer.

⁷ Retrofit Improvements must be for equipment currently owned by the Applicant and which supports ecological forestry.

⁸ Must have been purchased on or after January 1, 2023.

⁹ Vendor cannot be an Affiliate of Applicant.

¹⁰ Applicants are eligible to receive, excluding HST, 35% of purchase price for new equipment (to maximum of \$250,000), 30% for used Equipment (to a maximum of \$150,000) and 50% of Retrofit Improvements (up to maximum of \$150,000).

¹¹ Must be a minimum of \$50,000 (for New or Used Equipment) or \$15,000 for Retrofit Improvements.

NSCC Ecologically Sustainable Forestry Equipment Program – Application Form

Source(s) of Financing (Name and Address of lender), or, if not available at the time of Application, confirmation that such information is not yet available¹²:

Please use the EFEP Grant Calculator to calculate Grant and Remaining Balance amounts.

Remaining Balance of Purchase Price/Cost (after application of Grant and Financing): \$ _____

Source(s) to Fund Balance of Purchase Price: _____

Has Applicant previously received a Grant under the Program? Yes or No

If yes, how many: _____, and what is total value of previously issued Grants: \$ _____¹³

Does Applicant have access to qualified operator(s) to adequately operate the Equipment? Yes or No

If yes, please provide details:

How will the Equipment contribute to increasing productivity in Applicant's harvesting operations, and what specific metrics is Applicant anticipating in terms of output increase or harvesting time reduction?

¹² If information is unavailable at time of Application, it will be required prior to signing Grant Agreement.

¹³ An Applicant cannot be approved for more than two (2) Grant applications, and the maximum cumulative value of Grants received by any Applicant cannot exceed \$500,000.

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Is Applicant planning to add to its existing equipment fleet or replace current equipment with the proposed purchased Equipment? If replacing, could you provide details on the equipment being replaced and reasons for replacement?

How will the Equipment align with Applicant's long-term business objectives and strategies for advancing Ecological Forestry practices?

Please elaborate on how the Equipment aligns with ecological forestry principles and practices, particularly in terms of selective harvesting, habitat conservation, and ecosystem restoration?

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What specific features or technologies incorporated into the Equipment promote biodiversity conservation, soil health improvement, or minimization of environmental disturbance?

How does Applicant plan to measure and track productivity gains resulting from the use of the Equipment?

Please provide forecasted overview of use of Equipment:

Year after receipt of Grant	Utilisation in hours per year	Estimated volume per hour	Recording method
1 st			
2 nd			
3 rd			

Equipment Vendor Information:

Name of Vendor: _____¹⁴

Sales Representative (if applicable): _____

Phone: _____ E-Mail: _____

Address of Vendor: _____

Quote Number/Reference (If applicable): _____

¹⁴ Vendor cannot be Affiliate of Applicant.

Additional Materials Required

To support the Application, please provide a true copy of the following items:

- i. Copy of Quote for Purchase of the Equipment from Dealer (New Equipment) or a Used Forestry Equipment Purchase Form (Used Equipment).
- ii. Copy of the Sources for Financing Purchase of the Equipment (including commitment letters and conditional approval), or, if not available at the time of Application, confirmation that such information is not yet available.¹⁵
- iii. Copy of Appraisal of Equipment, or if, not available at the time of Application, confirmation that such information is not yet available.¹⁶
- iv. Screen Shot of Applicant's CRA My Business showing no outstanding taxes payable.

¹⁵ If information is unavailable at time of Application, it will be required prior to signing Grant Agreement.

¹⁶ If information is unavailable at time of Application, it will be required prior to signing Grant Agreement.