

Scottish Forestry Grants Scheme Farmland Premium

SFGS/FP
1

Application

Note 3 in Section 9 of the SFGS Applicant's booklet will help you complete this form.

- If you are only applying for the SFGS – complete Sections 1 to 9.
- If you are applying for Farmland Premium you must also complete Sections 10 to 15 of this form. You must also complete form SFGS/FP2.
- If you are applying to transfer from an existing Woodland Grant Scheme to SFGS, give your WGS reference number:

Please use BLOCK CAPITALS and black ink and sign the form at Section 15.

1 Your woodland or property

Name: _____

OS grid reference (centre of activity or application): _____

Nearest town, village or locality: _____

Local Authority (or Planning Authority in National Parks): _____

2 What is this property? (Please enter a cross in only one box)

Farm ☐ Mixed estate ☐ Mainly woodland ☐ Private residence ☐
Recreation ☐ Public building ☐ Industrial ☐ Crofting estate ☐

3 Type of applicant (Enter a cross in one box in each of columns a and b)

| | Column a | | Column b |
|----------------------------|--------------------------|----------------------------|--------------------------|
| Personal occupier | <input type="checkbox"/> | Owner | <input type="checkbox"/> |
| Business occupier | <input type="checkbox"/> | Lessee | <input type="checkbox"/> |
| Voluntary organisation | <input type="checkbox"/> | Tenant | <input type="checkbox"/> |
| Public ownership | <input type="checkbox"/> | Crofter | <input type="checkbox"/> |
| Crofting in-by land | <input type="checkbox"/> | Trust | <input type="checkbox"/> |
| Crofting Common Grazings | <input type="checkbox"/> | Other (give details below) | <input type="checkbox"/> |
| Other (give details below) | <input type="checkbox"/> | | |

4 Land resumption

Have you resumed any of the land in this application from the tenant or from crofters by means of a contested Notice to Quit or is it the subject of such an action?

Yes ☐ No ☐

5 Your agent or woodland manager's details (we will use the agent as contact)

| | | |
|-------------------------|-----------|-----------|
| Title (Mr,Mrs,Ms,etc): | Initials: | Surname: |
| <hr/> | | |
| Organisation: | | |
| <hr/> | | |
| Address: | | |
| <hr/> | | |
| | | Postcode: |
| <hr/> | | <hr/> |
| Tel: | Fax: | |
| <hr/> | <hr/> | |
| Mobile: | E-mail: | |
| <hr/> | <hr/> | |
| Agency No (for FC use): | | |
| <hr/> | | |

6 Applicant's details (this is who the contract will be with)

| | | |
|------------------------------------|-----------|-----------|
| Title (Mr,Mrs,Ms,etc): | Initials: | Surname: |
| <hr/> | | |
| Organisation: | | |
| <hr/> | | |
| Position (e.g. Partner, Director): | | |
| <hr/> | | |
| Address: | | |
| <hr/> | | |
| | | Postcode: |
| <hr/> | | <hr/> |
| Tel: | Fax: | |
| <hr/> | <hr/> | |
| Mobile: | E-mail: | |
| <hr/> | <hr/> | |
| Owner No (for FC use): | | |
| <hr/> | | |

If there are any other joint owners, trustees or partners, please use a separate blank document to list their names and addresses.

7 Neighbour awareness

We strongly advise you to discuss woodland planting and felling proposals with those neighbours who might be directly affected by them. If you have done this please enter a cross in this box. ☐

8 Is the land owned by any of the following? Yes ☐ No ☐

If yes, enter a cross against the appropriate body.

| | | |
|-----------------------------------------------------|--------------------------------------------------------|---------------------------------------------|
| Government Department <input type="checkbox"/> | Scottish Agricultural College <input type="checkbox"/> | Scottish Executive <input type="checkbox"/> |
| Crown Estate Commissioners <input type="checkbox"/> | Scottish Water <input type="checkbox"/> | |

(We need this information to claim co-financing correctly from the EC)

9 If you are (or will be) receiving any funding for the work from other sources please give details here (eg EU Objective 1, Life, Lottery)

| | |
|----------------------|-------------------|
| Name of organisation | Amount of funding |
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |

Farmland Premium

If you are applying for Farmland Premium you must complete Sections 10 to 14 below.

Please note that to be accepted for Farmland Premium, the minimum area is 1 hectare and you must be running an agricultural business. SEERAD may ask to see supporting evidence where appropriate.

10 Landlord's consent

Are you a tenant, crofting tenant or grazings clerk?

Yes ☐

No ☐

If "Yes" then you must submit a completed landlord's consent form (SFGS/FP 7) with this application.

If this is an application for planting on common grazings, you must also submit approval from the Crofters' Commission with this application.

11 Agricultural Holding details

Main Farm Code No (as already held by SEERAD in the IACS record):

Farm Code No (for the Holding in this application if different):

12 Business Details

Business name of applicant:

(as detailed in your IACS records)

Business Reference No:

Status of applicant (e.g. owner-occupier, tenant, if other please specify):

Business address:

Postcode:

Tel:

Fax:

Mobile:

E-mail:

Please note that Farmland Premium payments will be made directly to the bank account already recorded by SEERAD for IACS purposes.

13 Any existing FWPS or Farmland Premium areas

Farm Code No

Application Identifier (where known)

Area

Farmland Premium Scheme limits apply on all land located in Scotland approved after April 1997 (see scheme guidance).

14 Farming Income

Is more than 25% of your total income from farming in the UK?

Yes ☐

No ☐

(We need this information to claim co-financing correctly from the EC)

Please sign the declaration below

15 Declaration and signature

I/We agree to any disclosure and exchange of information about my/our participation in the Scheme(s) with other organisations or consultants which the Forestry Commission or SEERAD considers necessary for the administration, monitoring and evaluation of the Scheme. Details may also be passed to successors in title to the land.

I/We agree that information about my/our participation in the Scheme(s), including that contained in the application, contract or Undertakings and any other relevant documentation, including the amounts of grant may be made available to the public.

I/We have read and understood the contents of the relevant Rules and Procedures booklet and accept full responsibility for the answers given in this Application Form.

I/We note that the Forestry Commission will consider this Scottish Forestry Grants Scheme (SFGS) application as an application for their Opinion (if this has not already been given) under Regulation 5 of the Environmental Impact Assessment (Forestry) (Scotland) Regulations 1999.

I/We confirm that there are no legal or other restrictions affecting the land that would prevent the work or maintenance from being completed.

I/We agree to inform you if grant aid from another public body or bodies is either approved, or is being sought in relation to SFGS work grant aided by us.

Signature of applicant, owner or *representative:

Name (BLOCK LETTERS):

Status:

Date:

**If you are signing on behalf of the owner or lessee you must have written authority to do so for both SFGS and Farmland Premium.*

Now complete form SFGS/FP2 if you are applying for Farmland Premium.

Please note: You must always complete Forms SFGS/FP3a and SFGS/FP 3b.