



Acknowledgment of Compliance

Mountain Pine Beetle Control Program

If there is any reason you cannot complete and sign this form as is,
please contact Mike Undershultz at 780-422-1508 or mike.undershultz@gov.ab.ca

Return duly completed form with all attachments to:

Mike Undershultz
Forest Health Section
Forest Management Branch
Alberta Agriculture and Forestry
8th Floor, Great west Life Building
9920 – 108 Street
Edmonton, Alberta T5K 2M4

FOR OFFICE USE ONLY
Application Number

Name of Municipality	
Name of Project	Grant Amount \$

I certify that the following information is true and correct:

1. The entire grant (plus any income earned, if applicable) was used for the purpose(s) stated in the grant agreement and any attachments thereto, without material alteration, as signed by the Minister of Agriculture and Forestry or his designate on _____, or as amended on _____.
2. The grant (plus any income earned, if applicable) was spent and the work was completed by July 1 or by _____.
3. The unused portion of the grant, repayable to the Minister of Finance, is \$_____.
4. Were there any deficiencies identified by the Regional Forest Health Officer during the Quality Control Inspection? Yes ☐ No ☐
5. The municipality is submitting the following final reports as attachments:
 - 5.1 Summary of the Survey Areas and the Final Results. Yes ☐ No ☐
 - 5.2 Summary of the Controlled Trees. Yes ☐ No ☐
 - 5.3 Summary of Communications, Outreach and Education Completed. Yes ☐ No ☐
 - 5.4 Summary of Quality Control Actions. Yes ☐ No ☐
 - 5.5 Final Data Sheets of Survey and Control Information. Yes ☐ No ☐
 - 5.6 Suggestions for Future Improvements, if any. Yes ☐ No ☐
 - 5.7 Certified Project Financial Statements for the past fiscal year:
 - (a) Budgeted and actual project revenues from all sources including the sale of logs, its application to the project and any surplus to be repaid to the Minister of Finance. Yes ☐ No ☐
 - (b) Proposed budget and actual expenditure comparisons, showing any budget variances and noting any budget expenditures made directly from the grant. Yes ☐ No ☐
 - 5.8 Business plan review including a description of outcome of the program that clearly shows how the program goals and objectives were met, and also identifies any expected results that were not achieved and why. Yes ☐ No ☐
 - 5.9 Samples of departmental recognition. Yes ☐ No ☐

Signature of Chief Administrative Officer

Print Name

Telephone Number

Date