

FFT Delivery Agent Selection Checklist

Name of Project: _____ File Number _____

Type of Project _____ Geographic Location _____

Management Area (TSA/District/TFL) _____

Treatment Area (ha) _____ Operating Area(s) _____

Yes	No	
		Assess the project area and determine if salvage is feasible or appropriate. Yes: Discuss and Forward to BCTS and/or Major Licensee. No: Continue

No Salvage opportunity:

Factors to Consider:

Location of Project area

Access

Size of Project

Costs/ Economies of Scale

Historical Costs

Other Tenures/ First Nations/ Communities in the vicinity of the project

		Option #1 Considering the factors above, does the District has Capacity/Willingness to administer treatments? Yes: District, No: Cancel Project or Go to Option #2
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		Option #2 Considering the above factors, does BCTS have Capacity/Willingness to administer treatments? Yes: BCTS No: Cancel Project or Go to Option #3
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		Option #3 Considering the above factors; is this project appropriate for a recipient agreement? Yes: PWC No: Cancel Project
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Choice: _____

Rationale: _____

Signature: _____ Date: _____