

**Forest Project**

**Monitoring Report**

The Monitoring Report must be completed for every reporting period after project registration. It is also required that the Forest Project Calculation Worksheet be submitted with this report. The Forest Project Calculation Worksheet is available upon request be emailing [reserve@climateactionreserve.org](mailto:reserve@climateactionreserve.org).

|  |  |
| --- | --- |
| **Forest Owner** |  |
| **Project Number** |  |
| **Project Name** |  |
| **Name of Individual Completing Report** |  |
| **Date of Form Completion** |  |
| **Current Reporting Period** |  |
| **Initial Reporting Period** |  |
| **Completion date of last site visit verification** |  |
| **Date of next planned site visit verification** |  |

**I. Ownership**

**1. Has the Forest Owner changed since the last reporting period?**

No.

Yes. Please explain, including the nature of the ownership interest, new Forest Owner’s full legal name and contact information. Please include recorded copies of relevant documents demonstrating any change of Forest Owner as well as any assignment and assumption agreement. (See Section 7 of the Restrictive Covenant and Project Implementation Agreement)

|  |
| --- |
|  |

**2. Has the Forest Owner acquired additional landholdings within the project’s Assessment Area?**

No.

Yes. Please explain how these landholdings demonstrate sustainable long-term harvesting practices:

|  |
| --- |
|  |

**II. Natural Forest Management**

**1. Specify how the project currently meets (or is in progress of meeting) the following requirements under “Natural Forest Management” (Refer to Section 3.10.2 of the Forest Project Protocol for additional information):**

* 1. *Native species:* Does the project currently consist of at least 95% native species based on the basal area per acre of the standing live pool?  YES  NO

If no, provide evidence that demonstrates the project is making continuous progress toward this requirement.

|  |
| --- |
|  |

* 1. *Composition of Native Species:* Does any one tree species currently exceed the ‘Composition of Native Species’ percentage in the Assessment Area Data File?   
      YES  NO
  2. If yes, please provide evidence that demonstrates the project is showing continuous progress towards native species requirements:

|  |
| --- |
|  |

* 1. *Sustainable Management:* Indicate how the project meets this requirement:

Third party certification. Please provide certificate identification.

Operating under a renewable long-term management plan that demonstrates harvest levels which can be permanently sustained over time and that is sanctioned and monitored by a state or federal agency. Please provide documentation.

The use of silvicultural practices (if harvesting occurs) that maintain canopy cover averaging at least 40 percent, as measured on any 20 acres of the Project Operator’s and its Affiliate(s’) landholdings within the project’s Supersections(s), including the Project Area. Please explain and provide documentation.

Adherence to a deeded conservation easement(s) with terms that ensure growth equals or exceeds harvest over time. Please explain and provide documentation.

Not applicable, no commercial harvesting is occurring within the Project Area

Explanation, if applicable:

|  |
| --- |
|  |

* 1. *Structural Elements (Standing and Lying Dead Wood)*:
     1. Which option is the project using to monitor for structural elements?

Option I

Option II

Option III

* + 1. If Option I:

*Standing Dead Wood*: What is the estimated tonnes per acre of standing dead wood (in units of CO2e metric tonnes) throughout the project?

*Lying Dead Wood:* Explain how is the project ensuring that lying dead wood exists within the project at levels required by the protocol?

|  |
| --- |
|  |

* + 1. If Option II:

What is the estimated tonnes per acre of standing dead and lying dead wood (in units of CO2e metric tonnes) in areas harvested since the last site visit?

Has salvage harvesting occurred?  YES  NO

Explain whether the harvest areas meet the Assessment Area requirements, or the salvage harvesting requirements, as applicable:

|  |
| --- |
|  |

* + 1. If none of the options have been met, provide evidence that demonstrates the project is making continuous progress toward this requirement.

|  |
| --- |
|  |

* 1. *Distribution of Age Classes:*
     1. Does the project incorporate even-aged management as a predominant silviculture method?  YES  NO (No further action is needed)

If the answer is yes, provide evidence that demonstrates the project has met the post-harvest retention guidelines (Table 3.2 of the FPP) and maximum size of harvest block. Describe the actual metrics for the harvests.

|  |
| --- |
|  |

* + 1. Has the project initiated a Commercial Rotational Harvest?  YES  NO (No further action is needed)

Describe how the project meets the distribution of age classes requirement, or will make progress toward meeting it:

|  |
| --- |
|  |

* 1. Canopy cover – provide an estimate of the project’s canopy cover percentage, using iTree Canopy, or a similar analysis. If the project opts to have a desk review in lieu of a site visit (when not seeking CRTs during a normal site visit year), then the satellite images used to complete this analysis must be submitted to the verification body at the time of verification.

|  |  |  |
| --- | --- | --- |
|  | **Previous Reporting Period** | **Current Reporting Period** |
| Canopy Cover % |  |  |

**III. Carbon Stocks**

1. **Please provide an updated estimate of the current reporting period’s carbon pools. Where applicable, this chart references the corresponding row of the Monitoring Calculation Worksheet.**

|  |  |  |
| --- | --- | --- |
| **Carbon Pool** | **Previous Reporting Period – Total CO2e** | **Current Reporting Period – Total CO2e** |
| Standing Live Trees |  |  |
| Standing Dead Trees |  |  |
| Soil carbon (optional) |  |  |
| Actual Onsite Carbon Stocks (CO2e) (Calc Row 1) |  |  |
| Confidence Deduction (Calc Row 2) |  |  |
| Sequential Sampling Adjustment Factor (if applicable) |  |  |
| **Final (Adjusted) Reported Onsite Carbon Stocks (CO2e) (Calc Row 3)** |  |  |

1. **Has the inventory methodology been modified since the project was registered?**

No.

Yes. Please explain and provide evidence that this modification has been approved by the Reserve.

|  |
| --- |
|  |

1. **What is the confidence deduction for the forest carbon inventory (this should not change between site visit verifications)?**
2. **What is the average standing live carbon stocks over the past ten years of the project life?**

**IV. Permanence**

1. **If you suspect that a reversal may have occurred during the current reporting period, please explain the nature of the suspected reversal.**

Unavoidable Reversal, please respond to question #2.

Avoidable Reversal, please respond to question #3.

1. **Unavoidable Reversals. Please explain the nature of the reversal or suspected reversal:**
   1. When did the reversal or suspected reversal occur (month, day, year)?
   2. What is the estimated quantity of the reversal or suspected reversal (in units of tCO2e):
   3. When will carbon stocks be verified (month, day, year)?
2. **Avoidable Reversals. Please explain the nature of the reversal or suspected reversal:**

|  |
| --- |
|  |

* 1. When did the reversal or suspected reversal occur (month, day, year)?
  2. What is the estimated quantity of the reversal or suspected reversal (in units of tCO2e):
  3. When will carbon stocks be verified occur (month, day, year)?

1. **Has this project been terminated due to the reversal or suspected reversal?**

No. Please explain:

|  |
| --- |
|  |

Yes. Please explain:

|  |
| --- |
|  |

1. **Has the project’s reversal risk rating changed since the last verification?**

No.

Yes.

1. Please explain:

|  |
| --- |
|  |

1. **Summarize the reversal risk rating by category:**

|  |  |
| --- | --- |
| **Risk Category** | **Contribution** |
| Financial Failure (including the PIA Subordination Clause) |  |
| Illegal Forest Biomass Removal | 0% (Default Value) |
| Conversion |  |
| Over-harvesting |  |
| Social | 2% (Default Value) |
| Wildfire, Disease, or Insect Outbreak |  |
| Other Catastrophic Events | 3% (Default Value) |

1. **Project reversal risk rating:**

|  |  |  |
| --- | --- | --- |
|  | **Previous Reporting Period** | **Current Reporting Period** |
| **Reversal Risk Rating** |  |  |

1. **If the reversal risk rating has increased, have additional contributions been made to the Buffer Pool?**

Yes.

No. Please explain:

|  |
| --- |
|  |

**VI. GHG Reductions and Removals**

* 1. **Is this monitoring report being verified through a desktop verification for issuance of CRTs?**

No. When is the next planned verification date for this project (month, day, year)?

Yes.

* 1. **Is this project pursuing site visit verification every 12 reporting periods, as allowed for projects receiving under 4,000 CRTs/year?**

Yes. If so, include a list of annual CRTs since the last reporting period, as well as the total CRTs (to demonstrate the 48,000 CRT threshold has not been reached)

No.

* 1. **Is this project pursuing a desk review because it is not seeking CRTs?**

Yes. If so, has canopy cover declined on the project area by more than 5% since the last verification?

No.

*I have completed this form and believe it contains the most accurate data and information possible.*

Forest Owner Signature

Name:

Title:

Organization:

Date: