



Cover Crop Application & Expense Claim Form

Office Use: Date Approved: _____ Amount: \$ _____

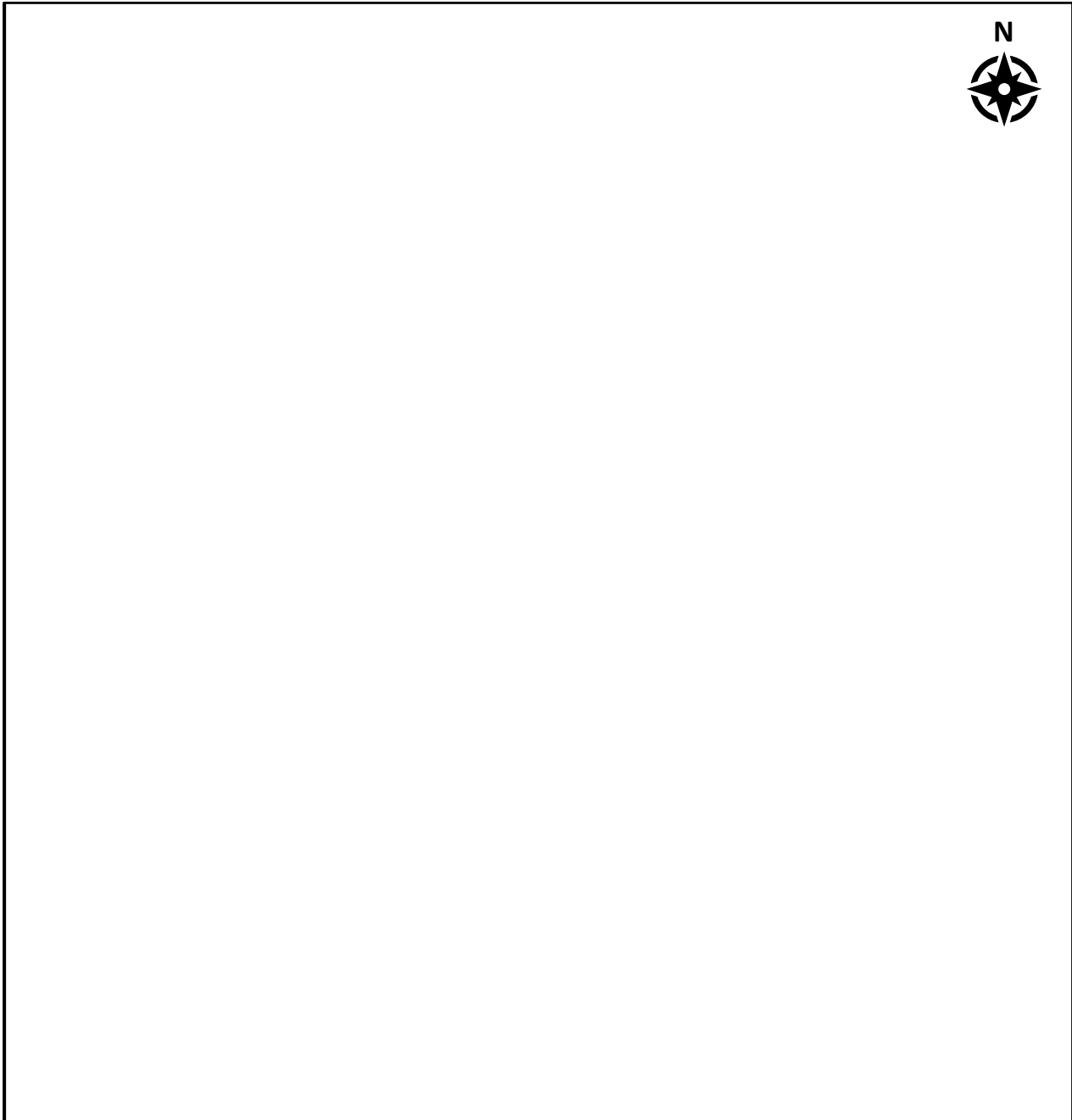
Name			
Mailing Address			
Phone		Email:	
Property Type: Farm <input type="checkbox"/> Non-Farm <input type="checkbox"/> Commercial/Institutional <input type="checkbox"/> EFP: Yes <input type="checkbox"/> No <input type="checkbox"/>			

COVER CROP DETAILS

<u>Field Location</u>	<u>Site 1</u>	<u>Site 2</u>
Project 911 Address		
Municipality		
Township (Ward)		
Lot		
Concession		
<u>Cover Crop Information</u>		
Number of acres enrolled		
Current tillage system (Conventional, minimum, no-till)		
Previous cover crops in these fields		
Crop Rotation		
Will the cover crop be grazed or harvested?		
Species used and planting rates (lb/acre)		
When was the cover crop established (Month/Year)		
Planting method		
When will the cover crop be tilled/killed or planted into? (Month/Year)		
File Numbers: Office Use Only		
Subwatershed: Office Use Only		

SITE PLAN

Provide a sketch of the proposed project site. Identify the field location and access points. Include the location and distances of watercourse. Please include any other information, such as highly visible landmarks, to assist staff to locate the proper field.



EXPENSE CLAIM FORM

Approximate Costs:

In-kind contributions <i>(We collect information on in-kind contributions solely for the purpose of reporting aggregated in-kind contributions by participants to our funding partners.)</i>		
	Site 1	Site 2
Materials supplied	\$	\$
Labour supplied	\$	\$
Total Project Cost	\$	\$
FOR OFFICE USE		
Total Grant = Acres x \$15 (Maximum 150 acres)	\$	\$
File Numbers		
X:		
Y:		
Percent Residue		

If the applicant does not own the property identified, please provide contact information for the landowners as we will be accessing their property for fall inspections and spring residue.

Landowner Name: _____ Phone: _____ Email: _____

I hereby declare:

- The information provided herein is true to the best of my knowledge.
- The above materials were used for their intended purposes as described in the HCWP application form.
- I have received or will receive the following funds from other cost-share program towards this project:

Other Cost-Share Funding Source	Grant Rate	Amount
Total proposed funding from other sources:		

PLEASE REVIEW AND SIGN PAGE 4 OF THIS FORM

*I/We understand that I/we must disclose in this application for project funding, all proposed sources of funding, including sources and amounts from federal, provincial or municipal governments, conservation groups, and private organizations, including in-kind contributions, for the duration of this project.
Personal information on this form is collected under the Conservation Authorities Act Section 21, and will be used to determine eligibility for the grant program and reporting purposes.*

The above practices have been carried out on the registered land as described on the HCWP application form.

Participant signature

Date

For fillable forms: By typing your name, you have read and acknowledged the statement above

I have visited the site to verify that the cover crop has provided at least 50% ground cover over winter.

Staff signature

Date