

Office Use	Project ID	Issue Payment to	Payment Amt	Approved by	Date
	SCAP-		\$200		



**Sustainable Canadian
Agricultural Partnership**

Resilient Agricultural Landscapes Program
LETTER OF SUPPORT
Natural Grassland Establishment

All applications submitted to the Resilient Agricultural Landscapes Program (RALP) require a Letter of Support prepared by a third-party Qualified Expert. This letter offers preliminary support for the project and demonstrates that appropriate planning has been completed. Additional technical support may be required to successfully complete the project, and those costs should be invoiced to the applicant.

PART A: PROJECT LOCATION INFORMATION

Applicant Name	Legal Farm Business Name
Total area (acres) of the project	GPS Coordinates (Latitude, Longitude)

PART B: TECHNICAL INFORMATION ABOUT THE PROPOSED PROJECT

1. Describe the current land use of the project area?

2. Projects focused on rejuvenation of existing native perennial grassland require planting of at least 5 native species while projects focused on the establishment of new native perennial grassland require greater than 10 native species. Identify the species below and their respective planting rates.

Native species name	Planting rate	Native species name	Planting rate

3. Has sufficient seed or stock been sourced to complete this project? Please offer a short explanation about where the seed or stock will be obtained, including whether any efforts will be made to consider the project's seed zone.

4. Provide a simple planting plan for the project. Include information about site preparation, method and timing of seeding. If a controlled burn is part of site preparation please include key details, including if a permit will be obtained.

5. Outline plans to manage weeds before planting and throughout species establishment. Include information about controlling and/or removing any invasive or non-native species.

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6. If the project is focused on establishing new native perennial grassland, why is the location considered marginal land? Information that demonstrates two or more of the following conditions are met must be provided. *If your project is for the rejuvenation of an existing native perennial grassland, skip to PART C.*

Land classification, including the size of the project area located on land Class 3 to 7:

Proximity to a flood plain, including the size of the project area located within the flood plain:

Slope of the area, including the size of the project area located on slopes vulnerable to soil erosion:

Location of a concentrated flow path of surface water in relation to the project:

Proximity of the project location to an adjacent watercourse:

PART C: EFT AUTHORIZATION

First and Last Name of Qualified Expert

Signature of Qualified Expert (Required)

Date

Email Address of Qualified Expert

Phone Number of Qualified Expert

Summary of Qualifications including demonstrated experience planning, designing and supporting implementation of similar types of projects (designations, titles, training, etc.):

- I declare, to the best of my knowledge, that the information provided is true and accurate. As the third-party Qualified Expert, I understand that preparing this Letter of Support qualifies me to receive a flat rate payment of \$200.00, payable via Electronic Funds Transfer (EFT). To receive payment, complete the EFT Authorization Form (available on the next page) and submit the form directly to accountspayable@ontariosoilcrop.org.
- Payment is required, and I have completed and submitted the EFT Authorization form
- Payment is not required

Please issue payment to:

- Same as above
- Other (Name of party to receive payment): _____

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM



Grassroots Innovation
Since 1939

To ensure faster, more dependable delivery, Ontario Soil and Crop Improvement Association (OSCIA) has adopted a new system for payment of cost-share incentive program claims that relies on direct deposit via Electronic Funds Transfer (EFT). Your personal information will be held in strict confidence by OSCIA and used only for the purpose of conducting the transaction.

Please make sure the banking information on this EFT Authorization Form **matches** the legal name provided on your Claim Form (PART A). If this information has changed from your previous claim, please submit a new EFT Authorization Form.

SECTION 1 – CONTACT INFORMATION

PLEASE PRINT CLEARLY IN BLOCK LETTERS.

Legal Name of Business or Individual to Receive Payment			
Mailing Address			
City/Town/Village	Province	Postal Code	Contact Phone Number
Email Address for Remittance Advice			

SECTION 2 – BANKING INFORMATION

Please **attach** a blank cheque (marked VOID) or a direct deposit information print-out from your financial institution.

Check the box that applies to the banking information included with this form:

- Void Cheque
 Direct Deposit Print-Out

SECTION 3 – AUTHORIZATION

I (we) hereby authorize Ontario Soil and Crop Improvement Association (OSCIA) to deposit, by electronic funds transfer, cost-share claim payments deemed payable to me/the eligible business I legally represent. OSCIA will deposit the payments into the bank account identified in this form. This authorization agreement is effective as of the date this form is signed and will remain in effect until OSCIA has received notification of its termination. I agree to submit an updated EFT Authorization Form to OSCIA to make any changes to the information provided. I recognize that if I give incomplete information on this form, payments may be delayed.

Authorized Signature: _____

Date: _____

SUBMIT THIS FORM AND SUPPORTING DOCUMENTS WITH YOUR COST-SHARE CLAIM.

OFFICE USE ONLY	Transit No:	Institution ID:	Account No.
	Input Date:	Entered By:	Operation ID: