

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 Tree and Shrub Planting

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. What is the current land use of the project area (2024) and the land use over the two previous years?

2024

2023

2022

2. Identify the species and respective planting rates, including all native and non-invasive, non-native species that will be included in the project. Rejuvenation projects must include the addition of at least 2 eligible tree and/or shrub species, while new plantings must consist of at least 4 eligible species.

Species name	Number to be planted	Species name	Number to be planted

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3. Looking at the above table and the project area, what will be the final density of planted trees and/or shrubs? Projects where new tree and/or shrub riparian buffers, windbreaks, shelterbelts, or block plantings will be established must achieve 700 trees and/or shrubs per acre to be eligible.

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4. Has sufficient tree and/or shrub stock been sourced to complete this project?

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5. Provide a simple planting plan for the project. Include information about site preparation, method and timing of planting.

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6. Outline plans to manage weeds before planting and while the trees and/or shrubs are established. Include information about controlling and/or removing any invasive species.

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7. Provide the following information if the project is focused on rejuvenating an existing windbreak, shelterbelt or riparian buffer planting. *If your project does not have this focus, skip to Question 8.*

What is the targeted improved function for the project?

How will the selected species and planting rates/density support the improved function described above?

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8. If the project is focused on a block planting on marginal land, why is the location considered marginal? Information that demonstrates two or more of the following conditions are met must be provided. *If your project is not for establishing a block planting, skip to PART C.*

Land classification, including the size of the project area located on land Class 4 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:

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**PART C: EFT AUTHORIZATION**

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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](mailto: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: