

# Cover Crop Application & Expense Claim Form



Date Approved:

Amount \$ provided:

Name			
Mailing Address			
Phone		Email	
Environmental Farm Plan		Subwatershed	

Field Location	Site 1	Site 2
Project 911 address		
Municipality		
Township (Ward)		
Lot		
Concession		
<b>Cover Crop Information</b>		
Number of acres to be planted		
Current tillage system used		
Previous cover crops in these fields		
Crop rotation		
Where do cover crops fit in rotation?		
Will the field be grazed or harvested?		
Species used		
Planting rates for species used (lbs/acre)		
When will the cover crop be established (month/year)?		
Planting method		
When will the cover crop be tilled/killed or planted into (month/year)?		
<b>SCRCA Office Use</b>		
X:		
Y:		

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


Landowner Name:

Phone:

Email:

### Site Plan

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



### Approximate Costs:

	Site 1	Site 2
Materials supplied	\$ /acre	\$ /acre
Labour supplied	\$ /acre	\$ /acre
Total Project Cost	\$ /acre	\$ /acre

### Staff Contact Information

Jessica Van Zwol – 519-245-3710; [jvanzwol@scrca.on.ca](mailto:jvanzwol@scrca.on.ca); 205 Mill Pond Crescent, Strathroy ON N7G 3P9

## Expense Claim Form

SCRCA Office Use		
Total Grant = Acres x \$15/acres	\$	\$
Percent Residue	%	%

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 application form.
- ☐ I have received or will receive the following funds from other cost-share programs towards this project:

Other cost-share funding	Grant rate (ie. \$/acre)	Amount proposed/awarded
Total proposed funding from other sources:		

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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.

Signed by: \_\_\_\_\_

Date: \_\_\_\_\_

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

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

For SCRCA Office Use:

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

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_