

Ontario Soil and Crop Improvement Association

Tier One Grant Application Form 2021-2023

ELIGIBLE TIMEFRAME: APRIL 1, 2021 to FEBRUARY 1, 2023

Pre-approval is required to secure grant funds. Please complete one application per project.

Local/Regional Association		Mailing address	
Name of Project			
Contact Name		Email Address	
Phone/Cell	Date Received in Guelph		Office Use Only
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Project Information - If applying for a Tier One grant that covers more than one project type, please select ALL that apply:

Educational Activity	Bus Tour/Field Trip	Rental of Meeting Hall
Field Day	In-Field Trials Membership	Communication/Outreach Activities
Guest Speaker	Expansion	Twilight Meeting
Demonstration of New Equipment OR Management Technique	Other	

Proposed Project Costs

Complete the table below to clearly identify items (services and materials) required to complete the project.

Cost Items (please see guidelines for eligible/non-eligible items)	Services/Supplies	Labour	Total
	·	Estimated Total Cost \$	
(Maximum grant is \$2,500/fiscal year for eac	h county/district/regio	on) TOTAL REQUEST \$	

Project Description

Please write a brief description of the project (objective, location, start and completion dates); how it will be accomplished and how the results will be measured and communicated.

Estimated Date of Project Completion:

Is the applicant registered for HST?	Yes No
Note: If you are registered for HST, you may not o	laim the cost of HST for the Tier One Grant.

If supplimentary documents are required for your project (in-field trials *only*), please CHECK the documents you

have included:	Communication Strategy	Trial Layout Docu	iment
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Name of OMAFRA Contact Person (where applicable):

Declaration and Signature

By submitting this application, the authorized signing authority hereby certifies to Ontario Soil and Crop Improvement Association (OSCIA) that the information contained in the application is complete in all respects. The Tier One Guidelines have been read, understood, and I agree to abide by them. I acknowledge the approved funding for the Tier One project will be used for the sole purpose as intended. OSCIA reserves the right to request further project details at time of review.

Local/Re	gional Association:	
Name of	Signing Authority for Tier One project: (please print)	
Signatur	e:	Date:
TOTAL	AMOUNT REQUESTED (from page 1): \$	SIGNATURES AND SUPPORTING DOCUMENTATION MUST ACCOMPANY THIS APPLICATION FORM
OSCIA Office Use	Approved by: Amount:	Date: