



Bay of Quinte

Remedial Action Plan

Healthy Bay • Healthy Community

Bay of Quinte Remedial Action Plan Rural Stewardship Program

Cover Crops

APPLICATION INFORMATION:

Name: _____ Phone Number: _____ Fax: _____

Street Address: _____ Town: _____ Postal Code: _____

E-mail: _____ Would you like to subscribe to our newsletters? Yes ___ No ___

PROJECT LOCATION

Street Address: _____ Municipality: _____ Township: _____

Lot: _____ Concession: _____

LANDOWNER AGREEMENTS - TERMS AND CONDITIONS:

- Grant includes: \$30.00 per acre to assist with the purchase of cover crop seed. Maximum grant up to \$2500.00
- Any applicant that proceeds with a project without written approval from the Healthy Soils Check-up Program, does so at their own expense

DISCLAIMER

The Bay of Quinte Remedial Action Plan Restoration Council, its staff, program representatives, partner Conservation Authorities, and members of the BQRAP Rural Stewardship Program Review Committee are not liable for any claims, damages, or loss whatsoever arising from the use or non-use of any advice or information provided under the program. Project information from approved projects may be made public for the purpose of promotion or reporting.

LANDOWNER AGREEMENT

In consideration of the Healthy Soils Check-up Program providing grant incentive to the landowner, the landowner agrees to the following:

- To complete the approved project
- To allow Healthy Soils Check-up Program staff or representatives access to the project site before, during, and after the project completion for the purposes of assessing project/site suitability, needs, and verifying completion
- To contact Healthy Soils Check-up Program upon completion of the project so that verification can be made
- To pay all expenses associated with the project up front; upon completion and verification submit to the program copies of all relevant paid invoices or receipts of payment or cancelled cheques in order that grant payout reimbursement may be made
- To allow the project to be used for promotional purposes, including web, social media, traditional media sources.

I, the undersigned, declare that I have read, understood, and agreed to the above terms and conditions, disclaimer, and landowner agreement.

Applicant Name (Please Print): _____ **Date:** _____

Signature: _____

PLANTING COVER CROPS

Grant Rate: Funding levels will be \$30.00 per acre to assist with the cost of purchasing cover crop seed only.

Maximum grant up to \$2500.00

Project location must be South of Hwy #7

WORK PLAN

Please enter the type of cover crop to be planted and the number of acres

Type of cover crop	Number of acres to be planted
1.	
2.	
3.	
4.	
5.	
Cost = # of acres x \$30.00 per acre	

Anticipated project completion date: _____

Can we share your project information with other potential funding/research partners? Yes No

Would you like to receive the BQRAP newsletter and other email updates? Yes No

How did you hear about this program? Please be specific _____

Please return your signed and completed application form to:

Bay of Quinte RAP, Healthy Soils Check-up Program

Jason Jobin, Bay of Quinte Remedial Action Plan

Lower Trent Conservation

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