

Lower Thames Valley Soil Health Program

2021 BMP Incentive Program: Claim Form



Farm Business Information and Mailing Address

Note: The contribution cheque will be mailed and written to the Farm Business or Sole Proprietor name provided in the Claim Form.

Business Legal Name:

Or _____

Sole Proprietor Name:

Last First M.I.

Mailing Address:

Street Address

City Province Postal Code

Do you have an Environmental Farm Plan? If so, what version:

Yes No Version/Edition # _____

Declaration and Signature

- *Invoice and proof of purchase documents are attached if applicable.*
- *You acknowledge that the LTVCA will reimburse the claim once staff have confirmed the project is complete and have received the required claim information. For cover crop plantings, this will not occur until January or February of 2022.*
- *You consent to allowing the LTVCA to collect, manage, and share the project cost and crop management data associated with the project. The data collected by the LTVCA will be shared with public and government partners (municipal, provincial, and federal) to assist with tracking the industries progress towards addressing watershed environmental challenges, such as improving soil health and reducing phosphorus loads to the Thames River. Furthermore, the project cost information will be used to inform the creation of future incentive programs. **The data will only be shared in an aggregate form publicly and no business or personal identifiers will be shared with other organizations or agencies.***
 - *Example of an aggregate statement the LTVCA may use when discussing project deliverables: "Within the Lower Thames Valley Watershed 50 farmers planted 5000 acres of cover crops at an average cost of \$20.00/acre. It is estimated that these plantings reduced phosphorus loads to the Thames River by 5%".*
- *The signature of the authorized signing authority confirms that the claim is true and was completed in accordance with the terms of the Lower Thames Valley Soil Health Program.*

Signature: _____

Date: _____

If you are unable to provide a digital signature, by checking this box you consent that the claim is true and was completed in accordance with the terms of the Lower Thames Valley Soil Health Program.

Please submit all completed and signed forms to Agricultural Program Coordinator Colin Little (colin.little@ltvca.ca)