

# Lower Thames Valley Soil Health Program



## 2021 BMP Incentive Program: Application Form

### Producer Contact Information

**Full Name:** \_\_\_\_\_  
Last First M.I.

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street Address  
 \_\_\_\_\_  
City Province Postal Code

### Farm Business Information

**Legal Business Name or Sole Proprietor Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street Address  
*(Only required to complete if information varies for previous provided producer contact information)*  
 \_\_\_\_\_  
City Province Postal Code

**Farm/Commodity Type(s):** \_\_\_\_\_

**Acres Owned:** \_\_\_\_\_ **Acres Rented:** \_\_\_\_\_  
**Crop Rotation:** \_\_\_\_\_ **Tillage System:** \_\_\_\_\_

### Proposed BMP Project Location

- Please complete the following table to identify the fields where the cover crops will be planted, or where the soil sampling will occur.
- In addition to completing the table, please submit a map of the fields with your application.

Field ID or Name	GPS Coordinates or Property Assessment Roll # or Legal Description	Cropland Acres	Species Planted (If Applicable)


**BMP Project Type**

<b>BMP Project Category</b>	<b>Check the Applicable BMP Subcategory</b>
Cover Crops	<input type="checkbox"/> Frost-Terminated Species <input type="checkbox"/> Over Wintering Species
Soil Sampling	<input type="checkbox"/> Grid Soil Sampling <input type="checkbox"/> Zone Soil Sampling
<b>Total Number of Project Acres:</b>	<b>Activity/Project Description:</b>

Proposed Start Date: \_\_\_\_\_ Proposed Completion Date  
 (YYYY/MM/DD): \_\_\_\_\_ (YYYY/MM/DD): \_\_\_\_\_

**Estimated Project Cost or Contribution**

Fill out the below table and identify the estimated cost items or contribution amount (\$/acre cover crop incentive) associated with completing the project.

<b>Project Cost Item</b>	<b>Supplier or Service Provider</b>	<b>Estimated Cost of Item (No HST)</b>
<b>Total Estimated Project Cost or Contribution</b>		<b>\$</b>

**Declaration and Signature**

- You have discussed the Lower Thames Valley Soil Health Program with an LTVCA project staff member.
- 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. **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%".*
- *By participating in this program, you acknowledge and consent to potential photography and videography gathered and procured by the LTVCA. These images may be used on social media, websites or print format. Any and all personal and business information will remain confidential.*
- *You acknowledge that funding for a BMP project is not confirmed until the LTVCA has sent you a funding letter of approval.*
- *You acknowledge that payment is subject to the LTVCA receiving all necessary appropriations from Environment and Climate Change Canada during 2021.*
- *You acknowledge that you must submit a claim form to the LTVCA and provide proof of purchase documents for invoiced project costs, if applicable, to receive the approved incentives.*

*By Signing below, I agree to be bound by the above terms and conditions of the Lower Thames Valley Soil Health Program, as stated in the declaration and signature section of the application.*

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

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

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