Lower Thames Valley Soil Health Program - 2022



2022 Application Form

*(Only complete if applying for 2 years of cover

crop plantings).

		Contact Information	
Full Name:			
	First	Last	М.І.
Phone:		Email:	
Address:			
Address.	Street Address, City/Town, Province, I	Postal Code	
	, - ,,,,,,		
		arm Business Information	
Legal Busine	ss Name or Sole		
Proprietor Na			
Farm/Commo	odity Type(s):		
Acres Owned		Aaros Pontod:	
Acres Owned	:	Acres Rented.	
Crop Rotation	n:	Tillage System:	
	Progra	m Application Type & Duration	
The 2022 Soil	Health Program is structured to	provide producers and farm businesses wit	h the option to apply for
cover crop fu	nding for 1 or 2 years. Applicati	ons that propose to plant cover crops annua	Illy for 2 years will be
		2 year scenario, plantings do NOT have to oc	cur at the same field. Please
indicate the a	pplication type and duration:		
1 year cove	er crop planting 🛛 🗌 2 year cover	crop planting	
Voar 1 Total	Cover Crops Acres (2022):		
	Cover Crops Acres (2022).		
Year 2 Total	Cover Crop Acres (2023):		

2022 Cover Crop Planting Field Locations

- Please complete the following table to identify the fields where the cover crops will be planted during the 2022 growing season.
- **NOTE:** If you are applying for two years of funding, it is not necessary at this time to provide the 2023 planting locations. The LTVCA will request this information during the Winter of 2023.
- Approved projects will be allocated \$15.00/acre contributions to assist with offsetting the cost of planting cover crops.

Field ID or Name	Field GPS Coordinates, Address, or Property Assessment Roll #	Total Field Area (Acres)	Total Field Area Planted with Cover Crops (Acres)	Cover Crop Species	Planned Termination Method	2022 Field Crop
Ex: HOME FARM	Ex: 42.484, -81.918	Ex: 100	Ex: 50	Ex: Oats + Radish	Ex: Spring Herbicide	Ex: Winter Wheat

** Note: Cover Crop plantings that will be terminated through fall tillage are not eligible for funding. There is an exception for strip-tillage systems, where the majority of the cover crop is not disturbed and terminated prior to the non-growing season.

Trying New Things? (Optional Section)

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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 heath, reducing phosphorus loads to the Thames River and sequestering carbon. 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 \$30.00/acre. It is estimated that these plantings reduced phosphorus loads to the Thames River by 5%".
- By participating in the program, you acknowledge and consent to potential photography and/or videography gathered and procured by the LTVCA may be used on social media, websites or print format. An example, would be a picture of the cover crop field once established. All personal and business information will remain confidential.
- You acknowledge that funding for a cover crop project is not confirmed until the LTVCA has sent you a funding approval letter.
- You acknowledge that payment is subject to the LTVCA receiving all necessary appropriations from Environment and Climate Change Canada during 2022 & 2023.
- You acknowledge that you must submit a claim form to the LTVCA once the project is complete with the necessary support documents to receive the approved incentive contribution. The LTVCA will provide the claim form upon approval of the project.
- You consent to have the project inspected/audited by LTVCA staff during normal business hours, with provided reasonable due notice, to determine if the
 project is complete and that the invoices submitted for payment reflect the eligible work completed.

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 above 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).