

Office Use	Operation ID	Claim ID	Date Received	BMP – Cost-share %	Payment Amount	Status/Reviewer
						2000
						2200
						2550

CLAIM FORM

Species at Risk Farm Incentive Program

PART A – FARM BUSINESS INFORMATION

To release a cost-share payment for an APPROVED claim, tax information must be provided below.

Please choose Option 1 OR Option 2:

Option 1: BUSINESS Farm Income Reporting

If your farm business reports farming income as part of a registered BUSINESS, please provide your 9-digit Business Number below. The amount disbursed for this cost-share payment is considered taxable income and will generate an annual tax slip (AGR1).

										RC 000	
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Legal Name of Business

OR

Option 2: PERSONAL Farm Income Reporting

If your farm business reports farming income as part of your PERSONAL income tax return, please provide your Social Insurance Number (SIN) and matching name below. The amount disbursed for this cost-share payment is considered taxable income and will generate an annual tax slip (AGR1).

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Legal Name of Individual for SIN above

PLEASE PRINT CLEARLY IN BLOCK LETTERS

Name(s) of Signing Authority

Farm Business Mailing Address

City/Town/Village	Province	Postal Code	Farm Business Email Address
Business Telephone Number	Business Cell Number		Business Fax Number

PART B – ELECTRONIC FUNDS TRANSFER AUTHORIZATION

Cost-share claims will be paid by direct deposit, via Electronic Funds Transfer (EFT). Please make sure the banking information on the EFT form matches the legal name provided in PART A (Option 1 or 2). If this information has changed from your previous claim, a new EFT form will need to be submitted.

Please check the box that applies to this claim:

- EFT Authorization Form **included** with claim form.
- EFT Authorization Form submitted with **previous** claim.

C - PROJECT COMPLETION

Which BMP best describes your project? Please answer the questions associated with the BMP project you are submitting a claim for:

<input type="checkbox"/> 1.1 Habitat Structures and Enhancement	Type of structure/enhancement (e.g., nest box): _____ Number installed: _____ Acres enhanced: _____
<input type="checkbox"/> 1.2 Corridors Connecting Habitats	Acres of corridors created: _____
<input type="checkbox"/> 1.3 Biodiversity Enhancement Plan	
<input type="checkbox"/> 1.4 Invasive Plant Species Control	Plant species controlled: _____ Acres removed: _____
<input type="checkbox"/> 1.5 Other Specific SAR Habitat Improvement Projects	
<input type="checkbox"/> 2.1 Fencing to Exclude Livestock from Woodland Areas	Number of woodland/forest acres protected by project: _____ Metres of fence installed: _____
<input type="checkbox"/> 2.2 Native Tree Planting	Number of trees planted: _____ <input type="checkbox"/> Reforestation <input type="checkbox"/> Windbreak <input type="checkbox"/> Buffer strip Acres of planting: _____
<input type="checkbox"/> 3.1 Wetland Restoration	Acres of restoration: _____ Number of habitats created (if applicable): _____
<input type="checkbox"/> 3.2 Fencing to Exclude Livestock from Water's Edge	Metres of fence installed: _____ Metres of shoreline improved by project: _____ <input type="checkbox"/> Livestock watering system installed as part of project
<input type="checkbox"/> 3.3 Improved Stream Crossings	Metres of shoreline improved by project: _____
<input type="checkbox"/> 3.4 Erosion Control Structures Along Water's Edge	Metres of shoreline improved by project: _____
<input type="checkbox"/> 4.1 Native Grassland Planting	Acres planted: _____
<input type="checkbox"/> 4.2 Cross Fencing for Rotational Grazing	Acres rotationally grazed as a result of project: _____ Metres of fence installed: _____ <input type="checkbox"/> Livestock watering system installed as part of project

PART D - PROJECT COSTS

Identify all invoiced costs associated with the project (e.g. materials, services, equipment rentals). Please attach additional pages to this claim if you require more space for cost items.

Invoiced Item(s) Description	Supplier	Cost (\$) <i>Do not include HST</i>	Invoice & proof of payment attached
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
Total Project Cost		\$	

PART E - PROJECT IN-KIND CONTRIBUTIONS

Labour or equipment contributions made by the applicant, their family member(s) or business partner(s).

<input type="checkbox"/> I have attached a completed In-Kind Claim Declaration Form detailing the contribution amount below	
Total In-Kind Contribution Amount	\$

PART F - TOTAL PROJECT COSTS

Total Project Cost (from Part D)	\$
Total Applicant In-Kind Contribution (from Part E)	\$
Total Costs of the Project (Part D + Part E)	\$
<input type="checkbox"/> I have received or anticipate additional funding for this project from: _____	\$

PART G - DECLARATION AND SIGNATURE

Review this section carefully as it is a legally binding agreement. By submitting this claim, the Authorized Signing Authority certifies to Canada and the Ontario Soil and Crop Improvement Association (OSCIA) the following statements:

- I/We certify that all information in the claim is true and complete, to the best of my/our knowledge.
- I/We recognize that it is unlawful to give inaccurate or misleading information about project(s) funded under this program. We also recognize that it is unlawful to breach the terms and conditions of the program. Such unlawful behaviour may lead to termination of benefits under the program. Canada or the Province of Ontario may ask the responsible farm business to repay the money they have received from the program. I/we also understand that misrepresenting facts about the project may be an offense under the Criminal Code of Canada and could result in legal action.
- I/We agree that none of Canada, nor the Province of Ontario, nor OSCIA, nor any of their respective directors, officers, agents, employees, members, third party agents or representatives shall be liable to any applicant for any type of damage or loss, no matter how it occurs. Damage or loss may include but is not limited to damage or loss arising from any advice, opinion, representation, warranty or the provision of information related to this program or project, without limitation, whether such acts or omissions are the result of negligence or not.
- I/We confirm that this claim for project funding disclosed all proposed sources and amounts of funding, including federal, provincial or municipal governments or private persons or other organizations. If we should receive any additional funding for this project, we will advise OSCIA.
- I/We declare that the total funds from federal, provincial or municipal government sources or private persons or other organizations, received or receivable, if any, does not or will not exceed 100 per cent of eligible costs as determined by OSCIA, and that no funding assistance will be acquired for the project from any other Species at Risk Farm Incentive Program initiative.
- I/We recognize that our approved project must be used for the purpose(s) outlined in the original approved cost-share project application(s). I/We agree to follow the terms and conditions outlined in the Species at Risk Farm Incentive Program Cost-share Funding Program Guide and to manage our cost-shared project according to these terms and conditions.
- I/We agree to provide Canada and/or OSCIA any records related to the project cost-shared under the Species at Risk Farm Incentive Program if this information is required for audit purposes. Any of the named organizations may send a written request for the records at any time. We give permission for OSCIA to provide information on the cost-shared projects if asked to do so.
- I/We agree to have the project inspected/audited by OSCIA, MECP or their agents during normal business hours, to determine if the project is complete and operational, the invoices submitted for payment reflect eligible work completed and to evaluate compliance with the requirements of the Species at Risk Partnership on Agricultural Lands Program.
- I/We recognize that the integrity of the program depends on compliance with the policy and procedures and the on-going cooperation of participants to manage the supported projects in the spirit of the Species at Risk Farm Incentive Program.

I/We have read and agree to the above statements and have signed below.

I/We declare that I/we are the authorized signing authority for the business operation that has applied for this cost-share funding.

Authorized Signing Authority of Farm Business (please print): _____

Signature: _____ Date: _____

KEEP A COPY OF THIS FORM AND ALL SUPPORTING DOCUMENTS (INVOICES, PROOF OF PAYMENTS, IN-KIND CLAIM DECLARATION FORM) FOR YOUR RECORDS.

Please return completed form by:

Mail: Ontario Soil and Crop Improvement Association
Unit #1, 367 Woodlawn Road West
Guelph, ON N1H 7K9

or

Email: SARFIP@ontariosoilcrop.org

OFFICE USE ONLY: Claim form has been reviewed and deemed to be complete. Payment may now be authorized.

OSCIA Provincial Office: _____ Date: _____

Payment #: _____ Amount: \$ _____ Date Issued: _____ EFT Form Received: _____