



Grassroots Innovation Since 1939

Ontario Soil and Crop Improvement Association

Tier One Grant Application Form 2023-2024

ELIGIBLE TIMEFRAME: APRIL 1, 2023 to FEBRUARY 1, 2024

Pre-approval is required to secure grant funds. Please complete one application per project.

Local/Regional Association		Mailing address	
Name of Project			
Contact Name		Email Address	
Phone/Cell	Date Received in Guelph		Office Use Only

Project Information - If applying for a Tier One grant that covers more than one project type, please select ALL that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Educational Activity | <input type="checkbox"/> Bus Tour/Field Trip | <input type="checkbox"/> Rental of Meeting Hall (excluding AGM) |
| <input type="checkbox"/> Field Day | <input type="checkbox"/> In-Field Trials Membership | <input type="checkbox"/> Communication/Outreach Activities |
| <input type="checkbox"/> Guest Speaker | <input type="checkbox"/> Expansion | <input type="checkbox"/> Twilight Meeting |
| <input type="checkbox"/> Demonstration of New Equipment OR Management Technique | <input type="checkbox"/> Other | |

Proposed Project Costs

Complete the table below to clearly identify items (services and materials) required to complete the project.

Cost Items (please see guidelines for eligible/non-eligible items)	Services/Supplies	Labour	Total
Estimated Total Cost \$			
(Maximum grant is \$2,500/fiscal year for each county/district/region) TOTAL REQUEST \$			

Project Description

Please write a brief description of the project (objective, location, start and completion dates); how it will be accomplished and how the results will be measured and communicated.

Estimated Date of Project Completion:

Is the applicant registered for HST? Yes No

Note: If you are registered for HST, you may not claim the cost of HST for the Tier One Grant.

If supplementary documents are required for your project (in-field trials *only*), please CHECK the documents you have included:

Communication Strategy Trial Layout Document

Name of OMAFRA Contact Person (where applicable): _____

Declaration and Signature

By submitting this application, the authorized signing authority hereby certifies to Ontario Soil and Crop Improvement Association (OSCIA) that the information contained in the application is complete in all respects. The Tier One Guidelines have been read, understood, and I agree to abide by them. I acknowledge the approved funding for the Tier One project will be used for the sole purpose as intended. OSCIA reserves the right to request further project details at time of review.

Local/Regional Association: _____

Name of Signing Authority for Tier One project: (please print) _____

Signature: _____

Date: _____

TOTAL AMOUNT REQUESTED (from page 1): \$ _____

SIGNATURES AND SUPPORTING
DOCUMENTATION MUST ACCOMPANY THIS
APPLICATION FORM

OSCIA Office Use	Approved by: _____	Date: _____
	Amount: _____	