



Grassroots Innovation
Since 1939

Collaborative Activities Grant Application Form 2023-2028

ELIGIBLE TIMEFRAME: APRIL 1, 2023, to FEBRUARY 15, 2028
Pre-approval is required to secure grant funds. Please complete one application per project.

Local/Regional Association	Mailing address & Phone Number
Contact Name	
Project Title	Email Address

Project Information - please select ALL that apply:

- | | | |
|------------------------------|---------------------|--------------------------------|
| Field Day | Bus Tour/Field Trip | Guest Speakers |
| Communication/Outreach | Twilight Meeting | Demonstration of New Equipment |
| In Field Trials (*see below) | Knowledge Transfer | or Management Technique |

Does your project aim to specifically reach any of the following groups:

- | | | |
|----------------------|-------|-------------------------------|
| Women in Agriculture | Youth | Other Equity Deserving Groups |
|----------------------|-------|-------------------------------|

Proposed Project Costs - please 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. Please include a list of any promotional items anticipated to be generated (flyer, handout, etc.).

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 Collaborative Activities Grant.)

Is a trial layout document included for in-field trials? Yes No N/A

Name of OMAFRA Contact Person (for in-field trials): _____

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 Grant Guidelines have been read, understood, and I agree to abide by them. I acknowledge the approved funding for the Collaborative Activity Grant will be used for the sole purpose as intended. OSCIA reserves the right to request further project details at time of review.

Name of Signing Authority for Local/Regional Association: _____

Signature: _____ Date: _____

Total Grant Requested: \$ _____

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