



Grassroots Innovation
Since 1939

Collaborative Activities Grant Claim Form 2023-2028

ELIGIBLE TIMEFRAME: APRIL 1, 2023, to FEBRUARY 15, 2028

*Pre-approval must be secured prior to making a claim.
Please submit the claim as soon as you have proof of payment.*

Local/regional association	Mailing address & phone number
Contact name	
Project title	Email address

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

Women in agriculture

Youth

Other equity deserving groups

Actual project cash costs

All items claimed must be supported by invoices with acceptable proof of payment (i.e. copies of canceled cheques or bank statements). In-kind contributions are not eligible for cash costs but should be accounted for under "Supplementary information".

Cost items (please see guidelines for eligible/non-eligible items)	Services/supplies	Labour	Total
Collaborative Activities Grant total cost: \$			

Is your association registered for HST? (Note: if you are registered, you may not claim the cost of HST) Yes No

Supplementary information

Did you have any additional cash or in-kind contributions to the project? Please include sponsorship, additional funding sources, in-kind materials or labour that was provided to successfully complete the project/event. While not eligible for grant funding, the value added is useful for reporting purposes.

Source of cash/in-kind	Cash or in-kind (choose one)	Services/supplies	List total hours (assume \$20/hr.)	Total amount
Supplementary contributions total: \$				

Description of completed project and what was achieved/learned:

Please attach any flyers, or photos taken. Photos will be included with the summary on the website.

Attendance at event: _____

Name of OMAFRA contact person (where applicable): _____

If the project was an in-field trial, please attach the completed report of findings: Attached N/A

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 claim is complete in all respects. The Grant Guidelines have been read, understood, and abided by. On behalf of our association, I acknowledge the approved funding for the Collaborative Activity Grant was used for the sole purpose as intended.

Name of signing authority for local/regional association: _____

Signature: _____ Date: _____

Total grant requested (to a maximum of \$2,500): \$ _____

Please ensure all supporting documentation is included with the claim form submission:

Invoice(s) Proof of payment Signed/completed claim form Photos

OSCIA office use	Approved by: _____ Date: _____
	Amount: _____