



Grassroots Innovation
Since 1939

Communication and Outreach Grant Claim Form 2023-2028

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

Regional Association	Mailing Address
Contact Name	Email Address

Section 1: Communication & Events/Activities

Please select one of the following under 'type of activity' and provide a brief description. If attaching the RCC invoice, please reference the line on the invoice.

- (a) Communication includes updating social media, updating and promoting websites/landing pages, reporting at local/regional meetings, promoting events, writing/posting technical articles on innovative ideas/results of technology transfer events, etc.
- (b) Planning/execution of crop tours/In-field research projects, assisting region or local associations with planning/executing knowledge transfer events.

Month/Year	Type of Activity	Description of Activity	Total Amount	Reference

Section 2: Newsletter related costs

Re-imbusement of Printed E-Newsletters - Regional Associations will be invoiced by the Provincial Office for the printing and shipping of The Innovator. The cost of printing the newsletter can be claimed under Section 1(b). Shipping, postage or printing of regional inserts are not eligible items.

Innovator Edition	Invoice # from OSCIA	Total Cost

Section 1 + 2 cannot exceed \$6,000 (Paid to the region)

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 Communication and Outreach Grant was used for the sole purpose as intended.

Regional Association: _____

Name of signing authority for regional association: _____

Signature: _____

Date: _____

Total grant claim requested (to a maximum of \$6,000): \$ _____

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

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

OSCIA office use	Approved by: _____ Date: _____
	Amount pd to Regional Association: _____