

Office Use	Project ID	Issue Payment to	Payment Amt	Approved by	Date
	SCAP-		\$200		



Resilient Agricultural Landscapes Program

LETTER OF SUPPORT Reduced Tillage

All applications submitted to the Reduced Tillage category of the Resilient Agricultural Landscapes Program (RALP) require a Letter of Support, prepared by a third-party qualified professional (e.g., Certified Crop Advisor, Professional Agrologist, etc.). The Reduced Tillage category aims to support farmers who want to implement a new practice of no-till, strip-till or minimum tillage and ultimately increase the number of acres under reduced tillage on annual cropland in Ontario.

To be eligible, the applicant (farmer) must transition to a reduced level of tillage that results in a minimum of thirty percent (30%) of the soil surface covered with previous crop residue after seeding of the subsequent crop. The approved practice must be implemented in preparation for the 2025 crop (for 2025 projects) or for the 2026 crop (for 2026 projects). This practice must be maintained each time that crop is planted in rotation on the approved acres for the duration of the Land Use Agreement (four years).

The applicant and qualified professional should work together to complete this activity. The applicant is responsible for providing accurate information to their CCA/P.Ag., understanding the recommendations provided, and submitting a completed copy of this template with their application.

PART A: PROJECT LOCATION INFORMATION

Applicant Name	Legal Farm Business Name
Dominant Soil Texture	Slope/Topography
Typical Crop Rotation	

PART B: TECHNICAL INFORMATION ABOUT THE PROPOSED PROJECT

1. Describe crop and soil management challenges related to the applicant's current tillage practices and what they hope to achieve by adopting a new reduced tillage practice.

2. What crop(s) and acreage will be transitioned to the proposed reduced tillage practice in preparation for the next growing season?

3. Use the table below to outline the applicant's baseline tillage practices for the abovementioned crops. *If the applicant plans to transition to a reduced tillage practice on multiple crop types and the baseline and/or new tillage practices differ, please attach a second copy of this page.*

Timing	Implement	Maximum Depth (in)	Speed (mph)	# Passes
Spring				
Summer/In-crop				
Fall				
Was a cover crop planted? If yes, please specify.				
How would you characterize their baseline tillage practices?				
What was the approximate minimum amount (%) of residue cover left undisturbed after planting?				

4. Use the table below to outline the recommended **new** reduced tillage practice for the abovementioned crop(s).

Timing	Implement	Maximum Depth (in)	Speed (mph)	# Passes
Spring				
Summer/In-crop				
Fall				
Will a cover crop be planted? If yes, please specify.				
How would you characterize the new reduced tillage practice?				
What will be the approximate minimum amount (%) of residue cover left undisturbed after planting?				

5. Outline recommendations to improve the applicant's crop and soil management practices, including the proposed reduced tillage practice(s), tillage timing, and how these changes will address the challenges and goals identified above. Include best practices for successfully implementing the new practice and any resulting fertilizer application method or timing modifications.

PART C: EFT AUTHORIZATION

Full Name and Designation (CCA, P.Ag., etc.)

Signature

Date

Email Address

Phone Number

- I declare, to the best of my knowledge, that the information provided is true and accurate.** As the third-party Qualified Expert, I understand that preparing this Letter of Support qualifies me to receive a flat rate payment of \$200.00, payable via Electronic Funds Transfer (EFT). To receive payment, complete the EFT Authorization Form (available on the next page) and submit the form directly to accountspayable@ontariosoilcrop.org.
- Payment is required, and I have completed and submitted the EFT Authorization form
- Payment is not required

Please issue payment to:

- Same as above
- Other (Name of party to receive payment): _____

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM



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To ensure faster, more dependable delivery, Ontario Soil and Crop Improvement Association (OSCIA) has adopted a new system for payment of cost-share incentive program claims that relies on direct deposit via Electronic Funds Transfer (EFT). Your personal information will be held in strict confidence by OSCIA and used only for the purpose of conducting the transaction.

Please make sure the banking information on this EFT Authorization Form **matches** the legal name provided on your Claim Form (PART A). If this information has changed from your previous claim, please submit a new EFT Authorization Form.

SECTION 1 – CONTACT INFORMATION

PLEASE PRINT CLEARLY IN BLOCK LETTERS.

Legal Name of Business or Individual to Receive Payment			
Mailing Address			
City/Town/Village	Province	Postal Code	Contact Phone Number
Email Address for Remittance Advice			

SECTION 2 – BANKING INFORMATION

Please **attach** a blank cheque (marked VOID) or a direct deposit information print-out from your financial institution.

Check the box that applies to the banking information included with this form:

- Void Cheque
 Direct Deposit Print-Out

SECTION 3 – AUTHORIZATION

I (we) hereby authorize Ontario Soil and Crop Improvement Association (OSCIA) to deposit, by electronic funds transfer, cost-share claim payments deemed payable to me/the eligible business I legally represent. OSCIA will deposit the payments into the bank account identified in this form. This authorization agreement is effective as of the date this form is signed and will remain in effect until OSCIA has received notification of its termination. I agree to submit an updated EFT Authorization Form to OSCIA to make any changes to the information provided. I recognize that if I give incomplete information on this form, payments may be delayed.

Authorized Signature: _____

Date: _____

SUBMIT THIS FORM AND SUPPORTING DOCUMENTS WITH YOUR COST-SHARE CLAIM.

OFFICE USE ONLY	Transit No:				Institution ID:				Account No.												
Input Date:					Entered By:					Operation ID:											