

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



**Sustainable Canadian
Agricultural Partnership**

Resilient Agricultural Landscapes Program
LETTER OF SUPPORT
Wetlands

All applications submitted to the Resilient Agricultural Landscapes Program (RALP) require a Letter of Support prepared by a third-party Qualified Expert. This letter offers preliminary support for the project and demonstrates that appropriate planning has been completed. Additional technical support may be required to successfully complete the project, and those costs should be invoiced to the applicant.

PART A: PROJECT LOCATION INFORMATION

Applicant Name	Legal Farm Business Name
Total area (acres) of the project	GPS Coordinates (Latitude, Longitude)

PART B: TECHNICAL INFORMATION ABOUT THE PROPOSED PROJECT

1. Consider reviewing the following document created by Ducks Unlimited Canada
<https://www.ducks.ca/assets/2022/05/Landowners-Guide-Wetland-Restoration-Ontario-2022.pdf>
2. If the project is focused on restoration, increasing area, or reverting marginal lands, provide the following details:
 - How will natural drainage be re-established?
 - How will overland flow be captured?
 - Will berms or water control structures be used? If yes, how so?

3. If the project is focused on establishing a new wetland, provide the following details:

Describe the variety of depths that will be created by changing the topography of the wetland area.

Estimate the expected size (area) and number of open water areas in a year with typical precipitation. Please include the appropriate units of measure.

Is a combination of submergent and emergent vegetation anticipated once the wetland matures? How will this be encouraged?

4. Describe plans to rehabilitate the riparian area of the wetland. What are the planting plans within the wetland, if any? Include information about site preparation, method and timing of seeding/planting.

5. If plantings are part of your project, identify the species and planting rates relevant to the project, including all native and non-invasive, non-native species.

Species name	Planting/seeding rate	Species name	Planting/seeding rate

6. Outline plans to manage weeds before planting and while the riparian area and wetland establish. Include information about controlling and/or removing any invasive species.

7. If livestock are present in the project area, describe how livestock exclusion fencing will be used to protect the wetland? (required).

8. Does the project require work on existing tile drainage systems? If yes, describe the work that directly impacts the wetland.

PART C: EFT AUTHORIZATION

First and Last Name of Qualified Expert

Signature of Qualified Expert (Required)

Date

Email Address of Qualified Expert

Phone Number of Qualified Expert

Summary of Qualifications (designations, titles, training, etc.):

- 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



Grassroots Innovation
Since 1939

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:												