



Erosion Control Structures

Name		
Project Address (with fire number)		
Legal Address (Twp, Lot, Con)		
Predominant Soil Type		HSG

Erosion Control Structures

Describe the present erosion situation and how it impacts surface water quality:

Please indicate what type of erosion control structures you are proposing to install:

- | | |
|-----------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Grassed Waterway | <input type="checkbox"/> Culvert Protection |
| <input type="checkbox"/> Water and Sediment Control Basin | <input type="checkbox"/> Drop Structures |
| <input type="checkbox"/> Terraces | <input type="checkbox"/> Bioengineering Techniques |
| <input type="checkbox"/> Ditch Bank Shaping and Seeding | <input type="checkbox"/> Other (Please describe in attached sheet) |

Outline cropping and tillage practices on the proposed project site(s):

Crop rotation _____

Tillage practice (e.g., no-till, moldboard plow, strip-till) _____

Cover crops used (what and when) _____

Other erosion control methods used _____

Site Plan: Provide a sketch or aerial photograph of the proposed project site showing slope of the fields, cropping practices, erosion problems, tile drains, catchbasins and watercourses as well as the location of the proposed structures. Include any other information that you feel is important.

Estimated Cost: \$ _____

All projects must be constructed to the standards specified in the OMAFRA Soil Erosion Manual. Please attach appropriate design information and drawings to this application.

Other Cost Share Funding

Proposed funding from other sources (i.e. Federal, Community/Conservation Group) – confirmed or conditional (i.e., list name of organization and anticipated or in-kind contribution):

Organization	Funding
	\$
	\$

Terms and Conditions

- 1) I/we understand that the information provided within this application is collected by the Grand River Conservation Authority (GRCA) under the authority of the Conservation Authorities Act, R.S.O. 1990, c.27 for the sole purpose of project administration. This information will be used only by the Rural Water Quality Program and its funding partners. Questions regarding the collection of this information should be directed to Tracey Ryan, Manager of Environment Education and Restoration, GRCA, 400 Clyde Road, Box 729, Cambridge, Ontario, N1R 5W6, Telephone 519-621-2761.
- 2) I/we understand that I/we are responsible for reporting any grant income to Canada Revenue Agency.
- 3) I/we also understand that failure to comply with all the program requirements may delay processing of the application or render me/us ineligible for financial assistance under the Rural Water Quality Program.
- 4) I/we understand that I/we will be responsible for ensuring the technical and structural adequacy and legal requirements of this project.

Declarations

- 1) I/we have read and understood the terms and conditions outlined above and certify that the information contained in this application and any supporting documentation is true and complete to the best of my/our knowledge.
- 2) I/we have or will have a deemed appropriate Ontario Environmental Farm Plan (EFP).
- 3) I am able to claim an HST refund.

Signature	
Name – Please Print	Date

Should you require this application in an alternate format, please contact the GRCA.