



# Tree Planting Living Snow Fences

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

## Tree Planting & Living Snow Fences

Please indicate what type of tree planting project you are proposing:

<input type="checkbox"/> <b>Stream Buffer</b>	Total acres to be planted:	
	Length of buffer (m):	
	Are both sides to be buffered?	
	Average width of buffer:	
<input type="checkbox"/> <b>Fragile Land Retirement</b>	Total acres to be planted:	
<input type="checkbox"/> <b>Windbreak</b>	Total acres to be planted:	
	Length of windbreak:	
<input type="checkbox"/> <b>Living Snow Fence</b>	Total acres to be planted:	
	Length of LSF:	

Describe the effect of current land use on water quality. For living snow fences, describe the current situation with respect to snow control:

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### General Tree Planting Information:

Current use of the land to be retired:	
If pastured, how will the livestock be restricted:	
Proposed weed control:	
Type of vegetation to be planted:	
Number of trees to be planted:	

**Site Plan:** Provide a sketch or aerial photograph of the proposed project site showing the field location and the proposed project. Include the distance to and location of watercourses. Please specify species, planting arrangement, location, site preparation and maintenance.

**Estimated Cost:** \$ \_\_\_\_\_

**Applicants will be required to sign a 15-year management agreement. The site must be properly maintained according to the approved plan to receive a performance incentive payment.**

### 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 Environmental 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/we can claim an HST refund.

Signature	
Name – Please Print	Date

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