

Innovative Project

Name		
Mailing Address		
Project Address (if different than mailing a	ddress)	
Project Legal Address: Township	Lot	Concession
Home Number	Cell Number	
Email	,	
Innovative Project Describe the present situation and how it is	mpacts water quality:	_
Describe how the proposed project(s) will p	protect and improve water	r quality:
Please attach appropriate design informa	ation and drawings.	
Estimated Cost: \$		

Other Cost Sha	re Funding	
Proposed funding	from other sources (i.e. Federal,	Community/Conservation Group) – confirmed or
	ist name of organization and antic	cipated or in-kind contribution):
Organization		Funding
		\$
		\$
		\$
Terms and Cond	ditions	
 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. I/we understand that I/we are responsible for reporting any grant income to Canada Revenue Agency. 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. I/we understand that I/we will be responsible for ensuring the technical and structural adequacy and legal requirements of this project. 		
Declarations		
 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. I/we can claim an HST refund. I/we have will have a verified Ontario Environmental Farm Plan (EFP). 		
Signature		
Name – Please Print		Date

Should you require this application in an alternate format, please contact the Grand River Conservation Authority.