



Healthy Lands
Clean Water
A Landowner Stewardship Program

Application Form

APPLICANT INFORMATION

Applicant(s) _____

Landowner(s) (if different) _____

Project Location Address _____ (#, street)
_____ (town/prov./postal code)

Lot(s) _____ Concession(s) _____

Municipality/County _____ / _____

Mailing Address (if different from above) _____ (#, street)
_____ (town/prov./postal code)

Home Phone # _____ Business Phone # _____

Fax # _____ E-mail _____

Would you like to subscribe to our e-newsletter? YES NO

APPLICATION CHECK LIST – please ensure all items are provided

2 Competitive Quotes Attached? YES NO

Permit(s) Required? YES NO

Site Plan? YES NO

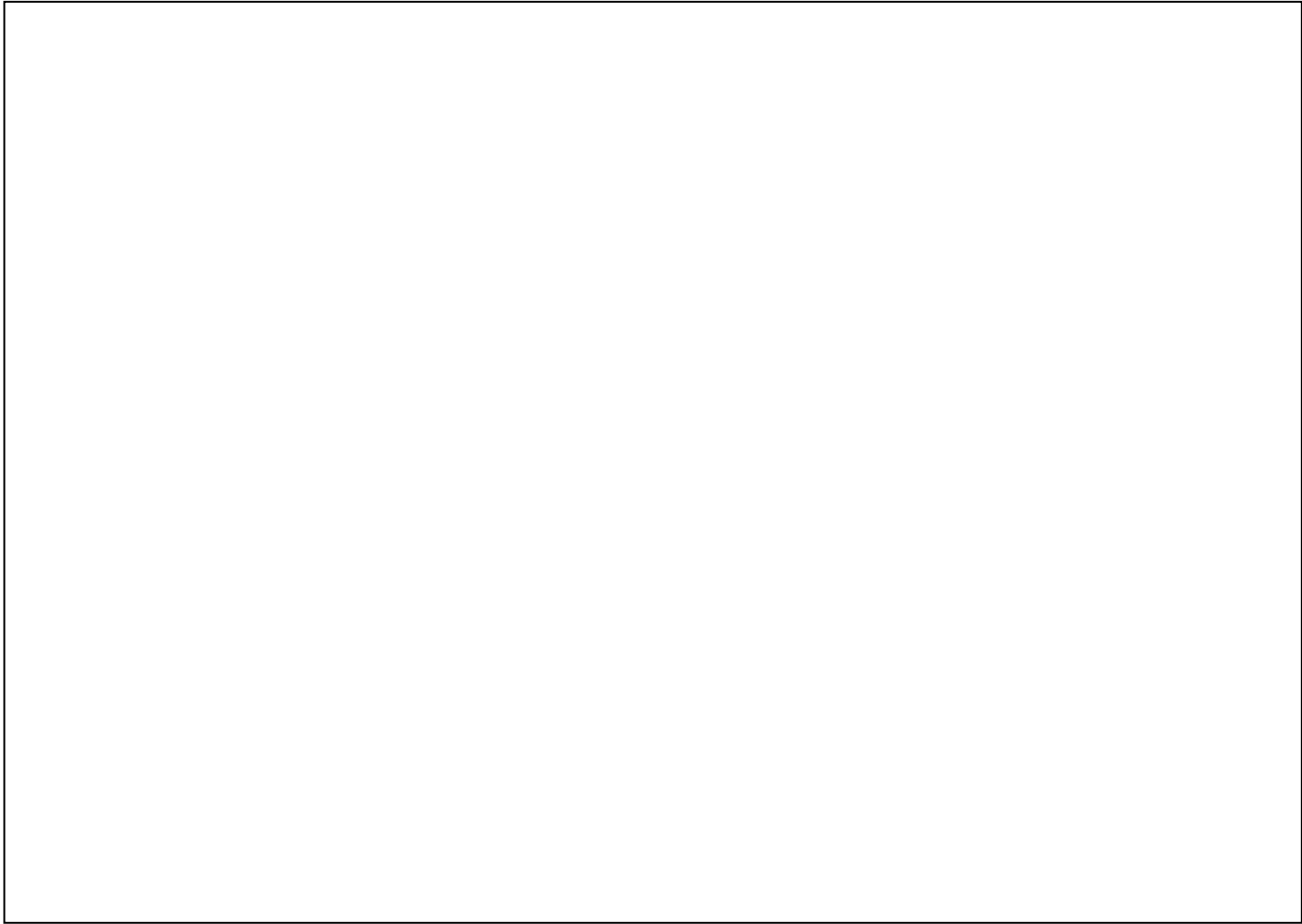
Project Description & Estimated Costs? YES NO

Project Start Date: _____

Finish Date (estimate): _____

SITE PLAN

Attach a map, aerial photo or draw a sketch below.



Notes:

Be sure to include:

- Aerial view
- North arrow (or compass rose)
- Property boundaries
- Lengths (property measurements)
- Distance of the well from features (house, septic, road, manure, etc.)
- Drainage direction / indication of slope (→)
- Natural features (hills, streams, ponds, wetlands, forests, etc.)
- Structures (house, garage, barn, bridges, etc.)
- For plantings consider sunlight, soil type & moisture
- Show project

PROPOSED PROJECT(S) & ESTIMATED COSTS

Briefly describe your project(s):

Can we share your project information with other potential funding partners? YES NO

Are you applying to or receiving any other grant programs for this work?

Program: _____ Amount: _____ Applied: ___ Confirmed: ___

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Permits Agency (Municipal, LTC*, DFO, MNRF, MOECC, etc.)	Type of Permit Required	Has the Permit been Issued? (if yes, attach a copy) Cost

*Lower Trent Conservation will waive permit fees for eligible projects.

Please complete the project budget information (attach additional information on a separate sheet if needed). Attach two (2) quotes. Include the lowest quoted total price, including taxes. In-kind work is not eligible.

Project	Materials & Contract Labour	Units	Unit Price	Cost	HST
Total					

AGREEMENT (please read carefully)

- Lower Trent Conservation, its staff, program representatives, and members of the Healthy Lands Clean Water program Review Committee are not liable for any claims, damages, or loss whatsoever arising from the use or non-use of any advice or information provided under the program. It is the responsibility of the applicant, in cooperation with their contractor, engineer and/or consultant to ensure that the practices and structures undertaken are suitable to the applicant's operation and are technically and structurally adequate. Each applicant must ensure that all approvals, permits or other requirements under applicable laws, regulations and by-laws have been obtained prior to project implementation.
- I intend to implement the project detailed in this conservation plan and wish to be considered for cost sharing under Lower Trent Conservation's Healthy Lands Clean Water program. Information about the project may be shared with funding partners, municipal partners, and used to promote best management practices.
- I authorize the use of the information in this conservation plan for technical review purposes only. I understand that if approved, I am responsible for completing and paying for the project in full, prior to receiving any funding for the project. I understand that project information from approved projects may be made public for the purposes of promotion or reporting.
- I will allow Lower Trent Conservation staff access to the project site before, during, and after the project completion for the purposes of assessing project/site suitability, needs, and verifying completion.
- If approved, I will maintain this project for the intended purposes for which it was designed, for a period of not less than 10 years. I understand that any modification(s) to the approved design, without written authorization from the review committee, could lead to a violation of this agreement and cancellation or repayment of the grant provided by Lower Trent Conservation's Healthy Lands Clean Water program. I understand that projects completed prior to receiving confirmation of grant approval are not eligible for this funding.
- I hereby declare that the information contained in this form is true and accurate and that I have read, understood, and agreed with the above disclaimer.

Applicant(s) Name(s) (please print): _____

Applicant's Signature: _____ Date: _____

Property Owner(s) Name(s) (please print): _____

Property Owner's Signature: _____ Date: _____

Please mail, fax or email the signed and completed application form to:

Lower Trent Conservation
Healthy Lands - Clean Water Program
714 Murray Street, R.R. 1 Trenton, Ontario, K8V 5P4

Fax: 613-394-5226 E-mail: ewa.bednarczuk@ltc.on.ca Telephone: 613-394-3915 ext 252