



Ontario Drinking Water Stewardship Program 2011-2012 Early Response Application Form

APPLICANT INFORMATION

Name: _____

Phone (home): _____ Phone (alternate): _____

Fax: _____ Email: _____

Mailing Address: _____

City/Town: _____ Province: _____ Postal Code: _____

PROJECT LOCATION

Same as mailing address noted above? Y N

Street Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Municipality: _____ Lot: _____ Concession: _____

Property Type: Residential Farm Institutional Municipal
 Industrial/Commercial - # of Employees: _____ Other: _____

Are you the owner of the property where the proposed project is located? Y N

If no, please provide the name of the property owner: _____

Letter indicating approval for the proposed project from land owner attached? Y N

Do you have a watercourse/waterbody or wetland on your property? Y N

If so, please provide the name and describe: _____

SITE PLAN

Please use the grid below to provide a sketch or attach a plan of the proposed project site. Please mark directional north, as well as the following (*if applicable*):

- Location of abandoned and/or existing water wells and septic systems
- Location of building(s)
- Location of proposed work
- Location of field tiles and catch basins
- Roadway/access routes
- Surface water (streams, pond, wetlands)
- Location of municipal drinking water service line/trunk line and sewer line
- General topography (even and level, hilly, steep, depression)
- Distances between wells, structures, septic systems, water courses, etc

NOTE: Illustrations from compliance records or use permits may be submitted instead of this sketch.

PROPOSED COSTS

Please provide cost estimates for all components of the proposed project.

	Estimated Cost
▪ Design	\$
▪ Materials	\$
▪ Contract Labour	\$
▪ Permits	\$
▪ Professional Fees	\$
▪ Other (<i>specify</i>)	\$
▪ Other (<i>specify</i>)	\$
<hr/>	
Total Estimated Cost:	\$

Written quote(s) attached? Y N

If no: Contractor(s) Name(s): _____

Phone Number(s): _____

Are you currently receiving or applying for additional funding for the proposed project? Y N

If yes, indicate source(s): _____ Amount: \$ _____

_____ Amount: \$ _____

PROJECT AGREEMENT

1. I/we have read, understood, and agree to the project guidelines and the terms of funding assistance for the Ontario Drinking Water Stewardship Program Early Response Program.
2. I/we have completed this application in full and I/we certify that the information contained in this application and any supporting documentation is true and complete to the best of my/our knowledge.
3. I/we understand that I/we are responsible for reporting any grant income to Canada Revenue Agency.
4. I/we understand that failure to comply with all the program requirements may delay processing of the application or render me/us ineligible for financial assistance.
5. I/we understand that I/we will be responsible for ensuring the technical and structural adequacy and legal requirements of this project.
6. I/we are the owners of the mentioned property or have included a letter of permission from the property owner.

Signature of Applicant

Date

I, _____, (*signature of applicant*) hereby declare that I will not receive more than 100 percent of the total cost of this project.

Please submit your completed application to:

Ontario Drinking Water Stewardship Program
c/o Cataraqui Region Conservation Authority, ATTN: Holly Evans
P.O. Box 160, 1641 Perth Road
Glenburnie, ON K0H 1S0
Email: hevans@cataraquiregion.on.ca
Fax: (613) 547-6474

This program has received funding support from the Government of Ontario. Such support does not indicate endorsement by the Government of Ontario of the contents of this material.