

**PART 1 – APPLICANT INFORMATION** 

# **Prairie Watersheds Climate Program** (PWCP) **On-Farm Climate Action Fund (OFCAF)**

# **NITROGEN MANAGEMENT - ULTIMATE RECIPIENT APPLICATION** Nitrogen management plan, soil testing and soil mapping

APPLICANT TYPE					
INDIVIDUAL CORPORATION PARTNERSHIP/JOINT FIRST NATION					
CORPORATION/PARTI	NERSHIP/FIRST NATIO	ON NAME			
IF APPLYING AS AN IN	DIVIDUAL				
LAST NAME	LEGAL FIRS	T NAME	MIDDLE NAME		
MAILING ADDRESS			CITY/TOWN		
WALLING ADDRESS					
PROVINCE	POSTAL CODE	TELEPHONE	CELLULAR		
EMAIL ADDRESS					
CONTACT NAME:					
BUSINESS NUMBER (First 9 Digits of GST, CRA, BN,	TREATY, BAN)				
HOME QUARTER LOCATION:					
RM QTR	SECTION TO	WNSHIP RAN	IGE MERIDIAN		
FARM/RANCH LAND BASE – TOTAL ACRES					
<b>Self-declaration</b> is voluntary. Please select the options that apply to you. Please note that you may declare in one or more groups.					

# PART 2 – PROJECT INFORMATION

Check	Nitrogen Management BMP Activities	Funding	Funding Cap		
Applicable		Level			
Category					
	Nitrogen Management Plan/Agronomic Support	50%	\$ 10,000		
	Soil Testing	85%	\$ 2,500		
	Soil Mapping	50%	\$10,000		
* Maximum funding allowed per Ultimate Recipient = \$75,000 including all the eligible activities					

			Soil Testing		85%	\$ 2,500
		Soil Mapping			50%	\$10,000
* Maximum funding allowed per Ultimate Recipient = \$75,000 including all the eligible activities across all the BMPs						
		··· •				
2 1 Wh	at climat	e-change BM	1P(s) has been i	mnlemented	on vour onerat	tion this vear?
VV III	at ciiiia	e change bly	ii (3) iid3 beeii i	impremented (	on your opera	.ioii tiiis year.
2.2 Why	has the pr	ractice(s) been i	implemented on ye	our operation?		
,			,			
ART 3	– PROJEC	T COSTS INFO	RMATION			
.1 Agro	nomic Ser	vices to Develo	op Nitrogen Mana	gement Plans		
	-	•	where the project(s	s) is located. (Atta	ch an additional shee	t to list additional lar
ocations f	or multiple E	BMPs)				
RM	_ QTR	SECTION	TOWNSHIP	RANGE	MERIDIAN	ACRES
RM	_ QTR	SECTION	TOWNSHIP	RANGE	MERIDIAN	ACRES
RM	QTR	SECTION	TOWNSHIP	RANGE	MERIDIAN	ACRES
RM	QTR	SECTION	TOWNSHIP	RANGE	MERIDIAN	ACRES
OTAL N	umber of	Acres on which	n project was impl	emented:		

Date	Vendor	Invoice #	Total Costs	Total Cost x 50% (\$10,000 maximum)	
		тот	AL AMOUNT (A)		
Is this an	estimated cost? Yes	No			
	ind Contribution from				
Who is th	e designated profession	onal that advised/reco	ommended this pra	ctice for your operati	ion?
3.2 Soil 1	esting				
	egal land description or multiple BMPs)	of where the projec	ct(s) is located. (Att	ach an additional sheet	to list additional la
RM	QTR SECTIO	N TOWNSHI	P RANGE _	MERIDIAN	ACRES
RM	QTR SECTION	N TOWNSHIP	P RANGE	MERIDIAN	ACRES
RM	QTR SECTION	N TOWNSHIP	P RANGE	MERIDIAN	ACRES
RM	QTR SECTION	I TOWNSHIF	P RANGE	MERIDIAN	ACRES
ΓΟΤΑL N	umber of Acres on w	hich project was im	plemented:		
Date	Vendor	Invoice #	Total Costs		
		TOTAL AMOUNT (B)			
Is this an	estimated cost? Yes	No			
Total In-K	ind Contribution from	applicant (must be at lea	est 15% of the total costs	) (applican	t initial)
Who is th	e designated profession	onal that advised/reco	ommended this pra	ctice for your operati	ion?

# 3.3 Soil Mapping

List the legal land description of where the project(s) is located. (Attach an additional sheet to list additional land ocations for multiple BMPs)							
RM (	QTR	SECTION	TOWNSHIP	RANG	E MERIDIAN	ACRE	:S
RM (	QTR	SECTION	TOWNSHIP	RANGI	E MERIDIAN _	ACRE	:S
RM C	QTR	SECTION	TOWNSHIP	RANGE	MERIDIAN _	ACRES	S
RM C	QTR	SECTION	TOWNSHIP	RANGE	MERIDIAN _	ACRES	5
TOTAL Nur	mber of A	cres on which p	oject was implen	nented	l:		
Date	Vendor		Invoice #		Total Costs	Total Cost x (\$10,000 ma	
TOTAL AMOUNT (C)							
Is this an estimated cost? Yes No							
Total In-Kind Contribution from applicant (must be at least 15% of the total costs) (applicant initial)							
Who is the designated professional that advised/recommended this practice for your operation?							
PART 4 – TOTAL COSTS							
Nitrogen Management BMP Costs					TOTAL CO	STS	
Agronomic Service to develop Nitrogen Plans (A)							

Nitrogen Management BMP Costs	TOTAL COSTS
Agronomic Service to develop Nitrogen Plans (A)	
Soil Testing (B)	
Soil Mapping (C)	
TOTAL COST	

### PART 5 - DECLARATION

I hereby apply to the Prairie Watersheds Climate Program (the "Program"), administered by the Manitoba Association of Watersheds (MAW) from and under the Government of Canada's On-Farm Climate Action Fund, for reimbursement of eligible costs in relation to the project (the "Project") described in this application.

### I declare that:

- 1. I am the Applicant or that I am authorized to sign on behalf of the Applicant. I agree that all references to "I", "me" and "my" in this Declaration shall be deemed to read the "Applicant", with the necessary grammatical changes required; and, that by my signature and delivery of this application, including this Declaration, to MAW, I understand I will be legally bound by, and I agree to adhere to, the Program guidelines and policies;
- 2. I am an individual resident in [Manitoba or Saskatchewan], and I am at least 18 years of age / OR I am an authorized signing officer of a corporation, partnership or co-operative, which has its head office in [Saskatchewan/Manitoba] and/or carries on business in [Saskatchewan/Manitoba];
- 3. The information included in this application is true and correct in every respect;
- 4. I will provide further information, including records such as original receipts, proof of payments for costs claimed and photos of the Project before implementation and the completed Project, that the Program may reasonably require. In addition, I will inform the Program administration as soon as practicable of any changes to my application information for the purpose of administering this application; and
- 5. I consent to MAW requesting information about me or my Project which will be collected for the purposes of verifying the application; determining my eligibility for the Program; and verifying that regulatory requirements have been addressed.

## I acknowledge that I understand that:

- 1. Funding under the Program is limited, and applications under the Program will be considered on a case-by-case basis, subject to Program eligibility criteria and funding constraints. Not all the activities and costs included within this Application may be approved for funding;
- 2. Reimbursements made by MAW pursuant to this application will be considered "farm support payments" as per subject 234(2) of the Income Tax Act (Canada), and accordingly must be reported on the relevant income tax return as income from a farm business and subject to tax;
- 3. The provision of false, misleading, or fraudulent information, or a failure to comply with the policies and guidelines, may result in this application and being denied and any payments issued declared an overpayment which must be repaid;
- 4. The personal information in this application is collected under the authority of, and is protected by, and subject to the provisions of The Freedom of Information and Protection of Privacy Act (FOIP Act) and the federal Privacy Act. MAW will use the information from this form to determine my eligibility for a benefit under this Program. MAW may also use my information for the administration of all other programs delivered by MAW, to advise me about MAW programs and services, for policy and program development and evaluation, and for research and statistical purposes. MAW may share my information with Agriculture and Agri-Food Canada for this program, for policy and program development and evaluation, and for research and statistical purposes;

- 5. If my Application is accepted, I will be required to enter into an Agreement which will include, in addition to matters set out above, the following provisions:
  - a. That AAFC, MAW and their designates and affiliates will in no way be liable for any liabilities that I incur in the performance of the work undertaken by me in this project, and that I will indemnify them for all claims related to subject of the project;
  - b. That I will be required to cooperate with MAW in the completion of any audit, evaluation, or survey of the project or of the Program; and
  - c. That MAW or its designated representatives are authorized to enter the premises identified on the application or any other premises operated by me to conduct an inspection of the eligible project, when completed, that is subject of this application.

Applicant Full Name (Print or Type)	Delivery Agent Full name
Applicant Signature	Delivery Agent Organization
Date (DD/MM/YYYY)	Delivery Agent Signature
	Date (DD/MM/YYYY)