



Prairie Watersheds Climate Program Application Form | 2023

BMP: NITROGEN MANAGEMENT PROJECT – ACTIVITY 10: Offsetting Higher Cost of Synthetic Fertilizer Substitutes

PWCP Application Process

1. Fill out appropriate application form.
2. Ensure Professional Assessment Form (PAF) is completed and attached.
3. Attach any quotes or invoices.
4. Submit application package (steps 1-3).
5. If approved, sign and submit the Landowner Agreement.
6. After project completion, submit paid invoices (proof of payment), and required supporting documents such as photos to receive funding.

To be eligible, applicants must own/lease land within the eligible RMs of the Westlake Watershed District (WLWD):

- Alonsa
- Lakeshore
- Northern Affairs (IRNR)
- Mossey River (SE portion)

Send applications to or inquire at:

Mail: Box 33, Alonsa, MB R0H 0A0
 Office: 18 Railway Avenue, Alonsa, MB
 Email: growcoordinator@westlakewd.com
 Phone: (204) 767-2101
 Fax: (204) 767-2044

APPLICANT INFORMATION

First Name		Last Name	
Select which applies (<i>Ind., Corp., Partnership, FN</i>):		Name of Farm, Corporation, Partnership, or First Nation	
Home/Farm Location (Legal Land Description)		Farm Total Acres	
E-mail Address		Phone Number(s)	
Mailing Address (Street and/or PO Box)	Village/Town/City	Postal Code	Business Number (GST, CRA, BN, TREATY, BAN)

SELF DECLARATION (optional)

Self-declaration is voluntary. Please select all groups that you identify with:

Women	Persons with disabilities	Indigenous people	LBGTQ2+
Visible minorities	French speakers	Young farmers (<40 years)	

OFFICE USE

<i>BMP</i>		<i>Total Acres</i>	<i>Total Eligible Costs</i>
<i>Cover Cropping</i>			
<i>Rotational Grazing</i>			
<i>Nitrogen Management</i>			
<i>File #</i>		<i>Total Acres</i>	
<i>Sub-District</i>		<i>All BMP Eligible Costs</i>	



SECTION 2: DECLARATION

I hereby apply (submit my claim) 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 (claim form).

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, 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 Manitoba and/or carries on business in 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 (claim form); 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 (claim form) 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 (claim form) being denied and any payments issued declared an overpayment which must be repaid;
- 4) The personal information in this application (claim form) 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 (claim form) 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 the 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 (claim form) or any other premises operated by me to conduct an inspection of the eligible project, when completed, that is subject of this application (claim form).

Applicant Name (Print)	WLWD Representative Name
Applicant Signature	WLWD Representative Signature
Date (DD/MM/YYYY)	Date (DD/MM/YYYY)



SECTION 3: PROFESSIONAL ASSESSMENT FORM			
Personal Details (Professional advisor)			
Full name		Organization	
Phone number		Email address	
Qualifications (e.g., P.Ag, A.Ag, Tech.Ag, ATech.Ag, or Certified Crop Advisor)			
Applicant info			
Full name		Phone number	
Email address		Watershed District	Westlake Watershed District
BMP(s) Implemented			
Cover crops <input type="checkbox"/> Nitrogen Management <input type="checkbox"/> Rotational Grazing <input type="checkbox"/>			
Activity Implemented			
Why was this activity recommended to the Ultimate Recipient? <i>Please provide the reason for implementing this activity mainly based on GHG emissions reduction, soil health, nutrients balance, etc.</i>			
Additional comments			
Professional Advisor Signature		Date (YYYY/MM/DD)	

BMP: NITROGEN MANAGEMENT PROJECT – ACTIVITY 10: Offsetting Higher Cost of Synthetic Fertilizer Substitutes							
Activity 10: Offsetting higher cost of synthetic fertilizer substitutes (manure, compost, digestates) – 85% of increased cost (up to \$75,000) Synthetic Fertilizers are funded based on the cost difference on the day of purchase between standard nitrogen fertilizer (46-0-0) and synthetic fertilizer substitutes. Please contact your agronomist for standard nitrogen fertilizer rates on your purchase date.							
Synthetic Fertilizer Product Name	Product Cost (\$/MT)	Standard Nitrogen Cost (\$/MT at date of product purchase)	Cost Difference (\$/MT)	# of Metric Tonnes (MT of product purchased)	Cost Difference x Metric Tonnes purchased	Funding Request (85% of Cost Difference)	Applicant Initials
Total							
Costs are:		Quotes	Actual Cost	Verified by staff:		_____ staff initial	
PROJECT DETAILS							
#	List the legal land description of where the project(s) is located. <i>(Attach additional sheets if needed)</i>	Soil landscape code per parcel <i>(Go to https://arcg.is/1DHPeL0 to determine your code)</i>		# Acres	New practice/ acres?	Applicant Initials	
1							
2							
3							
4							
5							
6							
Why are you implementing this practice?							
OFFICE USE							
File #					Total Acres		
Project Type	NM—Synthetic Fertilizer Substitutes			Total In-Kind			
Sub-District				Total Eligible Costs			