



BMP: ROTATIONAL GRAZING PROJECT

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 | | | |
| BMP | | Total Acres | Total Eligible Costs |
| Cover Cropping | | | |
| Rotational Grazing | | | |
| Nitrogen Management | | | |
| File # | | Total Acres | |
| Sub-District | | All BMP Eligible Costs | |



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: ROTATIONAL GRAZING PROJECT

Activity 1: Fencing to Support Rotational Grazing – PWCP funds 85% of costs up to \$18,000/qtr (max \$50,000) for activity 1 and 2 combined.
Activity 2: Watering System to Support Rotational Grazing –
Activity 3: Improving Pasture Compositions by Seeding Legumes - \$35/acre (up to \$75,000)
Activity 4: Agronomic Support for Completion of a Rotational Grazing Plan - 50% (up to \$400)

By checking and initialing, I confirm that all the following are true:

This project is a new practice for my operation, or it is an expansion of a practice that I have implemented on new land/ acres than previous years.

If applying for fencing, I will use new fencing material

If applying for a watering system, it will be powered by renewable energy _____ initials

| | | |
|--|---|----------------|
| Principal type of animal | | |
| Total number of heads | | |
| List the legal land description of where the projects are located <small>(Attach a duplicate sheet to list additional land locations)</small> | Soil landscape code per parcel <small>(Go to https://arcg.is/1DHPeL0 to determine your code)</small> | # Acres |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total # of Acres | | |

Why are you implementing this practice?

OFFICE USE

| | | | | | | |
|---------------------|---------------------------|-----------------------------|---------------|--------------|--------------------|--|
| <i>File #</i> | | <i>Photos:</i> | <i>Before</i> | <i>After</i> | <i>Total Acres</i> | |
| <i>Project Type</i> | <i>Rotational Grazing</i> | <i>Total In-Kind</i> | | | | |
| <i>Sub-District</i> | | <i>Total Eligible Costs</i> | | | | |

Activity 1: Fencing to Support Rotational Grazing

| Type of Fencing Installed (cross, wildlife, temporary) | Total # of Acres – Rot. Grazing Infrastructure Installed | Total Cost | Total In-Kind Costs (Min 15%) | Total Cost Eligible for Funding (Max 85% - \$18,000/qtr) | Applicant Initials |
|---|---|------------|-------------------------------------|---|-----------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals | | | | | |

Costs are: Quotes Actual Cost Verified by staff: _____ staff initial

Activity 2: Watering System to Support Rotational Grazing

| Type of Watering System (stationary/mobile) | Vendor | Cost of System | Total In-Kind Costs (Min 15%) | Total Eligible Cost (Max 85% - \$2,000/qtr stationary, \$7,000/qtr mobile) | Applicant Initials |
|--|--------|----------------|-------------------------------------|--|-----------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| Totals | | | | | |

Costs are: Quotes Actual Cost Verified by staff: _____ staff initial

Activity 3: Improving Pasture Composition by Seeding Legumes

| Type of Legume | Total # of Acres Seeded to Legume | Total Cost of Legume Seed | Cost of Seeding Legume | Total In-Kind Cost (Min 15%) | Total Eligible Cost (Max 85% - \$35/ac) | Applicant Initials |
|----------------|--------------------------------------|------------------------------|---------------------------|---------------------------------|---|-----------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Totals | | | | | | |

Costs are: Quotes Actual Cost Verified by staff: _____ staff initial

Activity 4: Agronomic Support for Completion of a Rotational Grazing Plan

| Date | Vendor | Grazing Plan Cost | Total In-Kind Cost (Min 15%) | Total Eligible Costs (50% to Max \$400) | Applicant Initials |
|---------------|--------|-------------------|---------------------------------|---|-----------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| Totals | | | | | |

Costs are: Quotes Actual Cost Verified by staff: _____ staff initial

| | |
|---|--|
| Activity 1: Fencing to Support Rotational Grazing | |
| Activity 2: Watering System to Support Rotational Grazing | |
| Activity 3: Improving Pasture Composition by Seeding Legumes | |
| Activity 4: Agronomic Support for Completion of a Rotational Grazing Plan | |
| Total BMP Funding Request | |

Who created the Rotational Grazing Plan and when was it created?

A copy of the Rotational Grazing Plan is required as part of this application. Please ensure that a copy is attached.