



Manitoba
Association of
Watersheds

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

NITROGEN MANAGEMENT - ULTIMATE RECIPIENT APPLICATION

Nitrogen management plan, soil testing and soil mapping

PART 1 – APPLICANT INFORMATION

APPLICANT TYPE

INDIVIDUAL CORPORATION PARTNERSHIP/JOINT FIRST NATION

CORPORATION/PARTNERSHIP/FIRST NATION NAME

IF APPLYING AS AN INDIVIDUAL

LAST NAME LEGAL FIRST NAME MIDDLE NAME

MAILING ADDRESS

CITY/TOWN

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 ____ TOWNSHIP ____ RANGE ____ MERIDIAN ____

FARM/RANCH LAND BASE – TOTAL ACRES

Self-declaration 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 Applicable Category	Nitrogen Management BMP Activities	Funding Level	Funding Cap
	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 across all the BMPs			

2.1 What climate-change BMP(s) has been implemented on your operation this year?

2.2 Why has the practice(s) been implemented on your operation?

PART 3 – PROJECT COSTS INFORMATION

3.1 Agronomic Services to Develop Nitrogen Management Plans

List the legal land description of where the project(s) is located. (Attach an additional sheet to list additional land locations for multiple 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 _____

TOTAL Number of Acres on which project was implemented: _____

Date	Vendor	Invoice #	Total Costs	Total Cost x 50% (\$10,000 maximum)
TOTAL AMOUNT (A)				

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?

3.2 Soil Testing

List the legal land description of where the project(s) is located. (Attach an additional sheet to list additional land locations for multiple 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 _____

TOTAL Number of Acres on which project was implemented: _____

Date	Vendor	Invoice #	Total Costs
TOTAL AMOUNT (B)			

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?

3.3 Soil Mapping

List the legal land description of where the project(s) is located. (Attach an additional sheet to list additional land locations for multiple 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 ____

TOTAL Number of Acres on which project was implemented: _____

Date	Vendor	Invoice #	Total Costs	Total Cost x 50% (\$10,000 maximum)
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 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)