



**Central Assiniboine Watershed District
Prairie Watersheds Climate Program
(PWCP)
On-Farm Climate Action Fund (OFCAF)**

Equipment upgrades to improve fertilization and split fertilizer application

Send Applications to:

Fields marked in Asterisk * are required.

centralassiniboinewd@gmail.com

P.O Box 160 Baldur MB, R0K 0B0

Fax: 204-535-2215

Phone: 1-877-535-2139

| PART 1a – CONTACT INFORMATION | | | |
|---|--|--|----------------------------------|
| *First Name | Middle Name | *Last Name | |
| | | | |
| *Email Address | Consent to be contacted electronically for purpose of AGR-1 Slips. Yes or No | | |
| | | | |
| *Home/Farm Location (Legal Land Description) | *Farm Total Acres | | |
| | | | |
| *Mailing Address | *Village/Town/City | *Postal Code | *Phone Number |
| | | | |
| *SELF DECLARATION (required) | | | |
| Please select all groups that you identify with: | | | |
| <input type="checkbox"/> I decline to identify | <input type="checkbox"/> Persons with disabilities | <input type="checkbox"/> Indigenous people | <input type="checkbox"/> LGBTQ2+ |
| <input type="checkbox"/> Visible minorities | <input type="checkbox"/> French speakers | <input type="checkbox"/> Young farmers (≤40 years) | <input type="checkbox"/> Women |
| PART 1b – APPLICANT INFORMATION | | | |
| *Select which applies (Corporation, Registered Partnership, Individual/Sole Proprietor) | | | |
| | | | |
| *Provide the full legal business name; registered partnership name; or individual/sole proprietor name dependent on the selection above. You must also provide the corresponding Business Number (BN) or Social Insurance Number (SIN). | | | |
| Corporation | Registered Partnership | Individual/Sole Proprietor | |
| Name: | Name: | Name: | |
| BN: | BN: | SIN: | |
| | | | |

PART 2 – PROJECT INFORMATION

| Check Applicable Category | Nitrogen Management BMP Activities | Funding Level | Funding Cap |
|--|--|---------------|-------------|
| | Upgrade Equipment to allow for fertilizer banding, side dressing and injection | \$200/foot | \$ 30,000 |
| | Split Fertilizer Application to improve efficiency of use | 85% | \$ 75,000 |
| <p>* Maximum funding allowed per Ultimate Recipient = \$75,000 including all the eligible activities across all the BMPs ***If applying for Equipment Upgrades you must also apply for another BMP within the PWCP Program. ***</p> | | | |

****Project Invoices must be dated no later than March 31st, 2025. Projects must be completed by June 30th 2025.****

*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 CLAIM INFORMATION

***3.1 Upgrade Equipment to allow for fertilizer banding, side dressing and injection**

Equipment Upgrades must be accompanied by another PWCP-funded practice (previous PWCP-funded projects count as accompanying); OR the applicant must report on the change in nitrogen fertilizer.

Please fill out the complete table including your initials!

| Vendor | Invoice # | Current equipment type | Equipment upgrade Type | Equipment width (ft) | Total in-kind costs (min 15%) | Total costs (width x costs/ft) | Total eligible funding (\$200/ft Max \$30,000) |
|--|-----------|---|------------------------|--------------------------------|--|--------------------------------|--|
| | | | | | | | |
| | | | | | | | |
| TOTALS (A) | | | | | | | |
| *Is there an accompanying practice? Yes or No. | | If yes, List the practice and implementation year. (Attach an additional sheet if needed) | | District verification initials | If no, the applicant must submit a completed 'Appendix A' form to the delivery agent before payment is sent. Select 'I Agree'. | | *Applicant Initials |
| | | | | | | | |

Is this an estimated cost? Yes No

Have equipment upgrade invoices been verified? (watershed representative initials) _____

*Who is the designated professional that advised/recommended this practice for your operation?

3.2 Split Fertilizer Application

List the legal land description with acres of where the project(s) is located. (Attach an additional sheet to list additional land locations, if needed. To get the Soil Landscape Codes, please go to <https://arcg.is/1DHPeL0> to determine the codes per piece of land).

Portions of the Following municipalities land within CAWD: Argyle, Cornwallis, Elton, Glenboro South Cypress, Grassland, Grey, Lorne, Minto-Odanah, Norfolk Treherne, North Cypress-Langford, Oakland Wawanesa, Oakview, Pembina, Prairie Lakes, Riverdale, Sifton, Souris-Glenwood, Victoria, Whitehead, Portage and the City of Brandon.

| RM | Quarter Section (Example: SE 9-10-21 W1) | Soil Landscape Codes |
|----|--|----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

TOTAL Number of Acres on which project was implemented _____

Please fill out the complete table including your initials!

| Date | Vendor | Invoice # | Total # of acres | Total cost of split application (per acre) | Total in kind cost (min 15%) | Total cost (acres x total split application cost) | Total eligible funding (85% to max \$75,000) | *Applicant initials |
|-------------------|--------|-----------|------------------|--|------------------------------|---|--|---------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| TOTALS (B) | | | | | | | | |

Is this an estimated cost? Yes No

Have the invoices been verified? (watershed representative initials) _____

***Who is the designated professional that advised/recommended this practice for your operation?**

PART 4 – TOTAL COSTS

| Nitrogen Management BMP Costs | *TOTAL CLAIM |
|--|--------------|
| Upgrade Equipment to allow for fertilizer banding, side dressing and injection (A) | |
| Split Fertilizer Application to improve efficiency of use (B) | |
| TOTAL COST ELIGIBLE FOR FUNDING | |

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) | CAWD Representative Full Name |
| | |
| Applicant Signature | CAWD Representative Signature |
| | |
| Date (DD/MM/YYYY) | Date (DD/MM/YYYY) |
| | |

****Please ensure that you have filled out the form completely with signatures and initials. Please include a professional assessment form as well as any related invoices with the application. ****

SECTION 3: APPLICANT INFORMATION INSTRUCTIONS

1) Applicant Type

If you are an individual or a sole proprietor*, select Individual as the applicant type.

If you are a corporation (incorporated business), select Corporation as the applicant type.

If you are a registered business partnership, select partnership as the applicant type.

*A sole proprietorship is an unincorporated business that is owned by one individual; and a sole proprietor pays taxes by reporting income (or loss) on a T1 income tax and benefit return.

2) Home/Farm Location

Provide the Legal Land Description of the home/farm that the operation is based out of i.e. NW-1-1-1-W1.

3) Consent to be Contacted Electronically

Successful applicants who receive funding from PWCP will be issued an AGR-1 Statement of Farm-Support Payments slip by the Manitoba Association of Watersheds (MAW). Applicants can indicate if they wish to receive the AGR-1 slip by email on Page 1. By selecting yes, you are giving MAW consent to send the AGR-1 Statement of Farm-Support Payments slip to you electronically via email. The email you provide will not be used for any other purposes.

1. By selecting yes, you are giving MAW consent to send the AGR-1 Statement of Farm-Support Payments slip to you electronically via email. The email you provide will not be used for any other purposes.

4) Social Insurance Number

If you are applying as an individual/sole proprietor, MAW will require your Social Insurance Number to issue the AGR-1 Statement of Farm-Support Payments slip, and for the purposes of tax reporting to the Canada Revenue Agency.

5) Business Number

If you are applying as a corporation or partnership, MAW will require your business number to issue the AGR-1 Statement of Farm Support Payments slip, and for the purposes of tax reporting to the Canada Revenue Agency (CRA). A CRA program account number has three parts:

a) The nine-digit Business Number to identify the business.

b) A two-letter program identifier code to identify the program account.

c) A four-digit reference number to identify an individual program account (since businesses can have more than one of the same kind).

Example of a complete business number:

| Business number | | | | | | | | | Reference number | | | | |
|-----------------|---|---|---|---|---|---|---|---|------------------|--------------------|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | RT | 0 | 0 | 0 | 1 |
| | | | | | | | | | | Program identifier | | | |

6) Self Declaration

Agriculture and Agri-Food Canada (AAFC) wants to collect better data on the participation of underrepresented and marginalized groups in the On-Farm Climate Action Fund (OFCAF) and requires that all producers respond to the question. Select which groups you identify with or select 'I decline to identify' if you wish to decline.

