



NITROGEN MANAGEMENT: Dual Inhibitors + PCU's

Send Applications to:

Fields marked in Asterisk * are required. centralassiniboine@d@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:			
Do you identify with an underrepresented group? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer			
If you said yes, please select all groups that you identify with:			
<input type="checkbox"/> Persons with disabilities	<input type="checkbox"/> Indigenous people	<input type="checkbox"/> LGBTQ2+	<input type="checkbox"/> Women
<input type="checkbox"/> Visible minorities	<input type="checkbox"/> French speakers	<input type="checkbox"/> Young farmers (≤40 years)	

PART 1b – APPLICANT INFORMATION		
*Select which applies (Corporation, Registered Partnership, Individual/Sole Proprietor) **Please specify whether you are applying as a corporation, partnership or individual**		
*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:

****If applying as corporation or partnership, please provide full business number or partnership number including the last par of the number. Corporation will end with RP 0001, Partnership will end with RZ 0001****

BMP: POLYMER COATED UREA (PCU) IF APPLYING FOR SUPER U, FILL THIS TABLE OUT					
NAME OF PCU	PCU PRICE	DIFFERENCE IN PRICE/TONNE BETWEEN REGULAR N AND PCU	# OF TONNES	TOTAL IN-KIND (MIN 15%)	TOTAL ELIGIBLE COST (85% OF COST)
TOTALS					
*APPLICANT INITIALS				*WATERSHED REPRESENTATIVE INITIALS	

BMPS	TOTAL ELIGIBLE FUNDING
Dual Inhibitors	
Polymer Coated Urea (PCU)	
TOTAL ELIGIBLE COST:	

DECLARATION
<p>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).</p> <p>I declare that:</p> <ol style="list-style-type: none"> 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. <p>I acknowledge that I understand that:</p>

- 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)	Watershed District Representative Name
Applicant Signature	Watershed District Representative Signature
Date (DD/MM/YYYY)	Date (DD/MM/YYYY)

Please do not submit your application without:

- Signed Application Form - Professional Assessment Form - PAID invoices

Applications that do not include all of the above will be marked as incomplete and will not be accepted.