



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 invoice costs | Total in-kind costs (min 15%) | Total invoice cost x 50% (Max of \$10,000) | Applicant initials |
|-------------------|--------|-----------|---------------------|-------------------------------|--|--------------------|
|                   |        |           |                     |                               |  |                    |
|                   |        |           |                     |                               |  |                    |
|                   |        |           |                     |                               |  |                    |
|                   |        |           |                     |                               |  |                    |
|                   |        |           |                     |                               |  |                    |
| <b>TOTALS (A)</b> |        |           |                     |                               |  |                    |

Is this an estimated cost? Yes      No

Have invoices been verified? \_\_\_\_\_ (watershed representative initials)

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 \_\_\_\_\_

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RM \_\_\_\_\_ QTR \_\_\_\_\_ SECTION \_\_\_\_\_ TOWNSHIP \_\_\_\_\_ RANGE \_\_\_\_\_ MERIDIAN \_\_\_\_\_ ACRES \_\_\_\_\_

**TOTAL Number of Acres on which project was implemented:** \_\_\_\_\_

| Date              | Vendor | Invoice # | Total invoice costs | Total in-kind costs (Min 15%) | Total invoice costs x 85% (Max to \$2,500) | Applicant initials |
|-------------------|--------|-----------|---------------------|-------------------------------|--|--------------------|
|                   |        |           |                     |                               |  |                    |
|                   |        |           |                     |                               |  |                    |
|                   |        |           |                     |                               |  |                    |
|                   |        |           |                     |                               |  |                    |
| <b>Totals (B)</b> |        |           |                     |                               |  |                    |

Is this an estimated cost? Yes      No

Have invoices been verified?      \_\_\_\_\_ (watershed representative initials)

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 invoice Costs | Total in-kind costs (Min. 15%) | Total invoice costs x 50% (Max. to \$10,000) | Applicant initial |
|-------------------|--------|-----------|---------------------|--------------------------------|--|-------------------|
|                   |        |           |                     |                                |  |                   |
|                   |        |           |                     |                                |  |                   |
|                   |        |           |                     |                                |  |                   |
|                   |        |           |                     |                                |  |                   |
| <b>Totals (C)</b> |        |           |                     |                                |  |                   |

Is this an estimated cost? Yes      No

Have 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 COSTS |
|---|-------------|
| Agronomic Service to develop Nitrogen Plans (A) |             |
| Soil Testing (B)                                |             |
| Soil Mapping (C)                                |             |
| <b>TOTAL COST</b>                               |             |

## **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.

|  |                                    |
|--|------------------------------------|
| <b>Applicant Full Name (Print or Type)</b> | <b>Delivery Agent Full name</b>    |
|  |                                    |
| <b>Applicant Signature</b>                 | <b>Delivery Agent Organization</b> |
|  |                                    |
| <b>Date (DD/MM/YYYY)</b>                   | <b>Delivery Agent Signature</b>    |
|  |                                    |
|  | <b>Date (DD/MM/YYYY)</b>           |
|  |                                    |