



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

Priority will be given to applicants who have not been part of this program.

To be eligible, applicants must own/lease land within the eligible RMs of the Swan Lake Watershed District (SLWD):

- Swan Valley West
- Minitonas-Bowsman
- Mountain



Send Applications to:
Box 1858 Swan River, MB
R0L 1Z0

manager@slwd.ca
Phone: 204.734.9550
Fax: 204.734.9455

Fields marked with an asterisk * are required

SECTION 1: CONTACT INFORMATION

*First Name		Middle Name	*Last Name	
Email Address		Consent to be contacted electronically for purposes of AGR-1 slips. Yes or No.		
*Home/Farm Location (Legal Land Description)		*Farm Total Acres		
*Mailing Address (Street and/or PO Box)	*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"/> LBGTQ2+ |
| <input type="checkbox"/> Visible minorities | <input type="checkbox"/> French speakers | <input type="checkbox"/> Young farmers (<40 years) | <input type="checkbox"/> Women |

OFFICE USE

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



Applicants must fill out the information for **only one** of the applicant types in 'Section 2 – Applicant Type'. The completed applicant type in 'Section 2 - Applicant Type' **must** match what was selected in 'Section 2 – Applicant Information' i.e. Corporation, Registered Partnership, Individual/Sole Proprietor.

SECTION 2 – APPLICANT INFORMATION
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*Select which applies (Corporation, Registered Partnership, Individual/Sole Proprietor)

SECTION 2a: APPLICANT TYPE – CORPORATION

*Name (full legal business name)

Name:

*Business Number (nine-digit business number, two-letter program identifier, four-digit reference number)

BN:

SECTION 2b: APPLICANT TYPE – REGISTERED PARTNERSHIP
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*Name (registered partnership name)

Name:

*Business Number (nine-digit business number, two-letter program identifier, four-digit reference number)

BN:

SECTION 2c: APPLICANT TYPE – INDIVIDUAL/SOLE PROPRIETOR
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*Name (first, middle [optional], last)
--

Name:

*Social Insurance Number

SIN:



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.

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.



SECTION 4: 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)	SLWD Representative Name
Applicant Signature	SLWD Representative Signature
Date (DD/MM/YYYY)	Date (DD/MM/YYYY)



SECTION 5a: 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	
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? Please provide the reason for implementing this activity mainly based on GHG emissions reduction, soil health, nutrients balance, etc.			
Additional comments			



SECTION 5b: TERMS AND CONDITIONS

I hereby present the information relating to the professional assessment of the program(s) selected in section 5 to the best of my knowledge. The information presented in this form and additional attachments are specific and tailored to the PWCP application submitted by the Applicant.

I agree that all references to "I", "me" and "my" in this Statement of Declaration shall be deemed to read the "Professional advisor", with the necessary grammatical changes required; and that by my signature and delivery of this form and attachments, I understand that I am responsible for the information provided in this assessment.

I declare that the information included in this assessment is to the best of my knowledge true and correct in every respect. I understand that the provision of false, misleading, or fraudulent information, or a failure to comply with the policies and guidelines, may result in a potential denial of payments. If the service was paid in advance, it will be declared as overpayment and must be repaid.

I agree to provide further information, including written reports and photos of the assessment, that MAW, the delivery agent, and/or the ultimate recipient may reasonably require. In addition, I agree to inform the ultimate recipient as soon as possible of any changes on my assessment.

I consent to allow MAW, the delivery agent, and/or the Applicant to request information about me or my assessment (if available) which will be collected for the purposes of verifying the report provided.

I understand that Manitoba Association of Watersheds (MAW) or other agencies including but not limited to Agriculture and Agri-Food Canada (AAFC) and the Government of Canada will in no way be liable for anything related to the professional assessment, nor shall they be liable to me for any liabilities that I incur in the performance of the work undertaken by me in this assessment. I shall indemnify and hold MAW, AAFC, and all of their employees, agents and representatives, past or present, harmless from and against all claims, liabilities, losses, damages, costs, expenses and causes of action, including claims: arising out of any breach or failure by me to perform any of my obligations under this assessment; relating to injury (including death) to persons or loss of or damage to property arising out of the negligence or willful misconduct of me or my team; or arising out of the work undertaken by me related to this assessment.

I understand that 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 for the solely purpose of administrative matters of the Prairie Watersheds Climate Program.

I declare that I shall comply with the policies, standards, and regulations of the Applicant including local, provincial, and Federal laws and to the best of my abilities.

I acknowledge and accept the terms and conditions as set out above.

Professional Advisor
Signature

Date (DD/MM/YYYY)

BMP: NITROGEN MANAGEMENT – Nitrification and/or Urease Inhibitor								
Use of Combined Nitrification and Urease Inhibitors or use of dual inhibitors – 85% of inhibitor cost (up to \$7,500). Applicants cannot apply PCUs and dual inhibitors on the same acres and receive funding for both.								
If you purchased SuperU Dual Inhibitor please fill out the table for PCUs. Must be dual inhibitors, or combined nitrification and urease inhibitors.								
Inhibitor Product Name		Product Cost (\$/Liter)	# of Liters (L) of product purchased	Total Cost	Funding Request (85% of Cost)		Applicant Initials	
				Total				
Costs are:		Quotes	Actual Cost	Verified by staff: _____ staff initial				
PROJECT DETAILS								
#	List the legal land description of where the project(s) is located. (Attach an additional sheet if needed)	Soil landscape code per parcel (Go to https://arcg.is/1DHPeL0 to determine your code)		# Acres	Litres Applied (L)	New practice/ acres?		Applicant Initials
1								
2								
3								
4								
5								
6								
Why are you implementing this practice?								
OFFICE USE								
File #		Total Acres						
Project Type	NM—Nitrification/Urease Inhibitor	Total In-Kind						
Sub-District		Total Eligible Costs						

BMP: NITROGEN MANAGEMENT PROJECT – Polymer Coated Urea (PCU) Fertilizer (or SuperU Dual Inhibitor)									
Use of Polymer Coated Urea Fertilizer – 85% increased cost of PCU fertilizer compared to regular nitrogen (up to \$7,500). Applicants cannot apply PCUs and dual inhibitors on the same acres and receive funding for both.									
PCUs and SuperU Dual Inhibitors are funded based on the cost difference on the day of purchase between standard nitrogen fertilizer (46-0-0) and PCU/SuperU products. Please contact your agrologist for standard nitrogen fertilizer rates on your purchase date.									
Polymer Coated Urea Fertilizer Product Name (or SuperU)	Product Cost (\$/MT)	Standard Nitrogen Cost (\$/MT at date of product purchase)	Cost Difference (\$/MT)	# of Metric Tonnes (MT of product purchased)	Cost Difference X Metric Tonnes purchased	Funding Request (85% of Cost Difference)	Applicant Initials		
Total									
Costs are: Quotes Actual Cost Verified by staff: _____ staff initial									
PROJECT DETAILS									
#	List the legal land description of where the project(s) is located. (Attach additional sheets if needed)	Soil landscape code per parcel (Go to https://arcg.is/1DHPeL0 to determine your code)		# Acres	Application Rate (lbs/ac)	New practice/ acres?			Applicant Initials
1									
2									
3									
4									
5									
6									
Why are you implementing this practice?									
OFFICE USE									
File #		Total Acres							
Project Type	NM—Slow Release Fertilizer	Total In-Kind							
Sub-District		Total Eligible Costs							

BMP: NITROGEN MANAGEMENT PROJECT – Agronomic Support / Soil Testing / Soil Mapping							
Agronomic Support for Nitrogen Management Plans – 50% of cost (up to \$5,000); Soil Testing – 85% of cost (up to \$2,500); Soil Mapping – 50% of costs (up to \$5,000). Soil Testing and Soil Mapping 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 use (fertilizer rates before and after the soil testing/mapping).							
Activity Type (Agronomic Support / Soil Testing / Soil Mapping)	List the legal land description of where the project(s) is located. <small>(Attach an additional sheet if needed)</small>	Soil landscape code per parcel <small>(Go to https://arcg.is/1DHPeL0 to determine your code)</small>	Acres	New practice / New acres	Cost	Funding Request <small>Agronomic Support = 50% of Cost Soil Testing = 85% of Cost Soil Mapping = 50% of Cost</small>	Applicant Initials
				<input type="checkbox"/>			
				<input type="checkbox"/>			
				<input type="checkbox"/>			
				<input type="checkbox"/>			
Is there an accompanying practice? (If applying for soil testing or mapping). Yes or No.	If yes, list the practice and implementation year. <small>(Attach an additional sheet if needed).</small>			District Initials Verification	If no, the applicant must submit a completed 'Appendix A' form to the delivery agent before payment is sent. Select 'I Agree'.		Applicant Initials
Activity 3 – Agronomic Support Totals:							
Activity 4 – Soil Testing Totals:							
Activity 5 – Soil Mapping Totals:							
Costs are:	Quotes	Actual Cost	Verified by staff: _____staff initial				
Why are you implementing this practice?							
OFFICE USE							
File #		Total Acres					
Project Type	NM— Mapping, Testing, Ag Sup.	Total In-Kind					
Sub-District		Total Eligible Costs					

BMP: NITROGEN MANAGEMENT PROJECT – Adding Legumes to Crop Rotation

Adding Legumes to Crop Rotation - \$35/acre (up to \$5,600 or 160 acres)

Type of Legume	List the legal land description of where the project(s) is located. <small>(Attach an additional sheet if needed)</small>	Soil landscape code per parcel <small>(Go to https://arcg.is/1DHPeL0 to determine your code)</small>	Acres seeded to legume	New practice / New acres	Cost of Seed	Seeding Cost	Total in-Kind (15%)	Total Eligible Cost (\$35/acre)	Applicant Initials
Totals									

Costs are: Quotes Actual Cost

Verified by staff: _____ staff initial

Why are you implementing this practice?

OFFICE USE

File #		Total Acres	
Project Type	NM—Legumes	Total In-Kind	
Sub-District		Total Eligible Costs	

BMP: NITROGEN MANAGEMENT PROJECT – Upgrading Seeder Equipment

Upgrading Seeder Equipment to Allow for Banding / Side Dressing / Injection of Fertilizer – \$200/ft (up to \$10,000). 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 use (fertilizer rates before and after the equipment upgrade).

By checking and initialing, I confirm that the following is 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. _____ Initials

Equipment Type	Upgrade Type (side banding, side dressing or Injection of Fertilizer)	Vendor	Invoice #	Total Cost	Equipment Width	Costs (\$200/ft x # ft)
Is there an accompanying practice? Yes or No.	If yes, list the practice and implementation year. (Attach an additional sheet if needed).	District Initials Verification	If no, the applicant must submit a completed 'Appendix A' form to the delivery agent before payment is sent. Select 'I Agree'.	Applicant Initials		
Upgrading Seeder Equipment Totals:						

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

Why are you implementing this practice?

OFFICE USE

File #		Total Acres	
Project Type	NM—Equip Upgrades	Total In-Kind	
Sub-District		Total Eligible Costs	



Appendix A – Historical Nitrogen Rate Usage Reporting

This document must be completed by applicants who are applying for Soil Testing; Soil Mapping; and/or Upgrades to Seeder Equipment, and do not have an accompanying practice. The purpose of this document is to collect the historical nitrogen fertilizer rate usages for applicants/operations that are applying for one of the aforementioned PWCP-funded practices.

The applicant must report how much nitrogen fertilizer was applied on acres (only acres where this piece of equipment was utilized) before the equipment upgrade; and how much nitrogen fertilizer is being used after the upgrade on those **same** acres.

Upgrades to Seeder Equipment

Nitrogen Fertilizer Rate Usage Before Upgrade		
*Total acres	*Metric Tonnes of Nitrogen applied (MT of fertilizer applied)	*Fertilizer Type
*Legal Land Descriptions		

Nitrogen Fertilizer Rate Usage After Upgrade		
*Total acres	*Metric Tonnes of Nitrogen applied (MT of fertilizer applied)	*Fertilizer Type
*Legal Land Descriptions		

NOTE: When reporting on the MT of fertilizer applied after the equipment upgrade, you can report on the implemented **OR** planned changes in nitrogen fertilizer rates.



Appendix A – Historical Nitrogen Usage Reporting

This document must be completed by applicants who are applying for Soil Testing; Soil Mapping; and/or Upgrades to Seeder Equipment, and do not have an accompanying practice. The purpose of this document is to collect the historical nitrogen fertilizer rate usages for applicants/operations that are applying for one of the aforementioned PWCP-funded practices.

The applicant must report how much nitrogen fertilizer was applied on acres (only acres where the soil testing/soil mapping occurred) before the soil testing/soil mapping; and how much nitrogen fertilizer is being used after the soil testing/soil mapping on those **same** acres.

Soil Testing & Soil Mapping

Nitrogen Fertilizer Rate Usage Before Soil Testing/Soil Mapping		
*Total acres	*Metric Tonnes of Nitrogen applied (MT of fertilizer applied)	*Fertilizer Type
*Legal Land Descriptions		

Nitrogen Fertilizer Rate Usage After Soil Testing/Soil Mapping		
*Total acres	*Metric Tonnes of Nitrogen applied (MT of fertilizer applied)	*Fertilizer Type
*Legal Land Descriptions		

NOTE: When reporting on the MT of fertilizer applied after the soil testing/soil mapping, you can report on the implemented **OR** planned changes in nitrogen fertilizer rates.

BMP: NITROGEN MANAGEMENT PROJECT – Split Application of Fertilizer					
Split Application of Fertilizer to improve Nitrogen use - 85% of implementation costs of second pass (up to \$5,000)					
Fertilizer Type	Date of First Application	Date of Second Application	Implementation Cost of Second pass	Funding Request (85% implementation cost of 2nd pass)	Applicant Initials
Total					
Costs are: Quotes Actual Cost Verified by staff: _____ staff initial					
PROJECT DETAILS					
#	List the legal land description of where the project(s) is located. <i>(Attach an additional sheet if needed)</i>	Soil landscape code per parcel <i>(Go to https://arcg.is/1DHPeL0 to determine your code)</i>	# Acres	New practice/acres?	Applicant Initials
1					
2					
3					
4					
5					
6					
Why are you implementing this practice?					
OFFICE USE					
File #		Total Acres			
Project Type	NM –Split Fertilizer	Total In-Kind			
Sub-District		Total Eligible Costs			

BMP: NITROGEN MANAGEMENT PROJECT – Upgrading Manure and Incorporation Equipment

Upgrading manure injection and incorporation equipment - case-by-case basis (up to \$15,000)

By checking and initialing, I confirm that the following is 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. _____ Initials

Equipment Upgrade	Reason for Upgrade	Invoice #	Vendor	Costs
Total:				

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

Why are you implementing this practice?

OFFICE USE

<i>File #</i>		<i>Total Acres</i>	
<i>Project Type</i>	<i>NM—Manure Incorporation</i>	<i>Total In-Kind</i>	
<i>Sub-District</i>		<i>Total Eligible Costs</i>	

BMP: NITROGEN MANAGEMENT PROJECT – Offsetting Higher Cost of Synthetic Fertilizer Substitutes							
Offsetting higher cost of synthetic fertilizer substitutes (manure, compost, digestates) – 85% of increased cost (up to \$15,000) <i>Synthetic Fertilizers are funded based on the cost difference on the day of purchase between standard nitrogen fertilizer (46-0-0) and synthetic fertilizer substitutes.</i> <i>Please contact your agrologist for standard nitrogen fertilizer rates on your purchase date.</i>							
Synthetic Fertilizer Product Name	Product Cost (\$/MT)	Standard Nitrogen Cost (\$/MT at date of product purchase)	Cost Difference (\$/MT)	# of Metric Tonnes (MT of product purchased)	Cost Difference x Metric Tonnes purchased	Funding Request (85% of Cost Difference)	Applicant Initials
Total							
Costs are: Quotes Actual Cost Verified by staff: _____ staff initial							
PROJECT DETAILS							
#	List the legal land description of where the project(s) is located. <i>(Attach additional sheets if needed)</i>	Soil landscape code per parcel <i>(Go to https://arcg.is/1DHPeL0 to determine your code)</i>		# Acres	New practice/ acres?	Applicant Initials	
1							
2							
3							
4							
5							
6							
Why are you implementing this practice?							
OFFICE USE							
File #		Total Acres					
Project Type	NM—Synthetic Fertilizer Substitutes	Total In-Kind					
Sub-District		Total Eligible Costs					