

Assiniboine West Watershed District

EXPRESSION OF INTEREST

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PLEASE COMPLETE THIS FORM AND ATTACH ALL REQUIRED DOCUMENTS

Individual Corporation Partnership First Nation

Name: _____ Phone: _____ Email: _____

Business Name: _____ Home Legal: _____

Mailing Address: _____ Total Farm land Base: _____ Acres

Business Number(GST): _____ Total Project Acres: _____ Acres

Project Legals: _____

Please select all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Alternative Water Systems | <input type="checkbox"/> Upland Conservation | <input type="checkbox"/> Nitrogen Management |
| <input type="checkbox"/> Stream Crossing | <input type="checkbox"/> Shelterbelts/Tree Order | <input type="checkbox"/> Cover Crops |
| <input type="checkbox"/> Small Watering Storage | <input type="checkbox"/> Abandoned Well Sealing | <input type="checkbox"/> Rotational Grazing |
| <input type="checkbox"/> Gully Stabilization | <input type="checkbox"/> Survey/mapping Request | <input type="checkbox"/> Regenerative Agriculture |
| <input type="checkbox"/> Grassed Runways | <input type="checkbox"/> JD 1590 NoTill Drill Rental | <input type="checkbox"/> AMP Grazing |
| <input type="checkbox"/> Riparian Enhancement | <input type="checkbox"/> Pipeline Plow Rental | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Shallow Wetland Incentive Program (SWIP) | |

Project Description and Estimated Cost:

