

Assiniboine West Watershed District

GROWING ROOTS
REGENERATIVE AGRICULTURE PROGRAM

Box 223 - 111 Sarah Ave Miniota, MB R0M 1M0
info@myawwd.ca | myawwd.ca | fax: 204-567-3587

Inglis
204-564-2388

Miniota
204-567-3554

Oak River
204-566-2270

All fields must be completed on application.

Full Name:

E-Mail:

Phone:

Mailing Address:

Town:

Province:

Postal Code:

Municipality:

Watershed:

Subdistrict:

Business Number or SIN: _____

The Growing Roots Regenerative Agriculture Program is designed to implement one or more soil health principles by preventing soil erosion, improving the soil's physical and biological properties, supplying nutrients, suppressing weeds, disturbing the pest cycle, and improving the availability of water in the soil.

Producers that sign up for the program will agree to develop a two-year crop rotation that will apply soil health principles and result in improved soil health. In return, the Watershed District will compensate producers up to \$35.00/acre over a 2-year term. Producers can do as they see fit with the green matter that is produced by the cover crop, such as harvest, bale, and/or graze.

Producers will allow access to the field listed on the application to the Watershed District or agent of the District for field inspections and soil sampling. Soil sample data will be shared with the producer upon request. Data obtained from the samples may be reported to the project funder or newspaper articles. No names or legal locations of the field will be published.

It is understood that this agreement shall indemnify and save harmless the Assiniboine West Watershed District, their agents, engineers, servants, and/or employees from any liability which may result from the execution of the project.

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I attest that I am not receiving funds for this project from any other source.

I hereby declare that I have read and understand the terms and conditions of the Growing Roots Regenerative Agriculture Program, and I do hereby agree to abide by said terms and conditions of the agreement. I agree to co-operate to the fullest extent with the Assiniboine West Watershed District in completing and maintaining the projects as outlined above.

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I confirm that the information provided in this application form is to the best of our knowledge complete, true and correct.

Signature of Applicant

Date



1. Please provide your regen ag project field location and total intended acres to seed.
NOTE Must be on the same field for the 2 - year term

Project Field Legal Description:

Total Acres in Program :

2. Please indicate the type of cover crop project for each year.

Year 1 ☐ Shoulder Season ☐ Full Season ☐ Relay Crop ☐ Intercrop

Year 2 ☐ Shoulder Season ☐ Full Season ☐ Relay Crop ☐ Intercrop

3. Please provide your 2-year crop rotation and seed mix on your regen ag project field.

Year 1

Year 2

Please explain your seeding and termination method for each year.

- 4.

Year 1

Year 2



5. Explain which soil health principles you are implementing each year.



Year 1

Year 2

6. How do you plan to evaluate your success or failure of the shoulder season, full season, relay crop or intercrop you intend to plant?

Year 1

Year 2