Assiniboine West Watershed District

PRAIRIE WATERSHED CLIMATE 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

PLEASE COMPLETE THIS FORM AND ATTACH ALL REQUIRED DOCUMENTS

☐ Individual ☐ Corporation ☐ Partnership

Name: Phone: Home Legal:

Business Name: Email:

Mailing Address: Total Farm land Base: Acres

Business Number(GST) or SIN: Total Project Acres: Acres

Project Legal Descriptions:

Primary Type of Livestock: Number of head:

Agronomist/ Agrologist: I consent to contacted electronically for purposes of AGR 1 Slips: ☐ Yes ☐ No

Self Declaration:

- ☐ Women
- ☐ Indigenous People
- ☐ Person with disabilities
- ☐ Visible Minority
- ☐ LGBTQ2+
- ☐ French Speaker
- ☐ Young Farmer (<40 years old)
- ☐ Decline to identify

Please select all that apply:

Rotational Grazing:

- ☐ Fencing
- ☐ Water System
- ☐ Adding Legumes to Pasture
- ☐ Agronomic Support

Nitrogen Management:

- ☐ N & U Inhibitors or PCUs
- ☐ Soil Mapping and Testing
- ☐ Equipment Upgrades
- ☐ Adding Legumes
- ☐ Fertilizer Substitutes
- ☐ Agronomic Support

Cover Crops:

- ☐ Cover Crop
- ☐ Agronomic Support

Project Description (What BMPs have been implemented on your land this year and why?):

Manitoba Association of Watersheds

A.W.W.D.

Manitoba

Additional Costs [Costs that are not invoiced. ie Equipment, labour]

_____

_____

_____

_____

_____

Required Documents:

- ☐ Completed Application
- ☐ Declaration
- ☐ Invoices (Dated after February 1st 2025)
- ☐ Proof of Payment
  - Transaction statement (bank or credit card)
  - Cancelled cheque (front and back)
  - Electronic payment confirmation (EFT or wire transfer)
  - Receipt from provider indicating a specific invoice has been paid
    - Transaction statement may be required to verify invoice payment
- ☐ Professional Assessment Form (Agronomist/agrologist sign off)
- ☐ Photos of project Before and After
- ☐ Grazing Plan(Inc: Fence lines, Water sources, rough dates animals are on/off pastures)(Rotational Grazing Only)

Terms & Conditions

The Watershed District:

1. Reserves the right to decline any and all ineligible projects
2. All projects are subject to funds being capped based on availability

The Producer shall:

3. Not receive more than a combined total of $100, 000 through the On Farm Climate Action Fund
4. Shall <u>not</u> receive funding twice or from other sources for the same project invoices

Please sign that you have read and understand the terms and conditions above

_____ _____

Signature Date

Manitoba Association of Watersheds

A.W.W.D.

Manitoba

Assiniboine West Watershed District	Prairie Watersheds Climate Program (PWCP) On-Farm Climate Action Fund (OFCAF)

Professional Assessment Form

Part 1 – Professional Advisor Information

FULL NAME

PHONE NUMBER

ORGANIZATION

EMAIL ADDRESS

QUALIFICATIONS EG: P. Ag, Tech. Ag, ATech. Ag, CCA (Must have demonstrated competency in the Agronomy Field)

Part 2 – Applicant Information

FULL NAME

PHONE NUMBER

EMAIL ADDRESS

WATERSHED

Assiniboine West

Part 3 - Project Information

Select all BMP(s) Implemented: ☐ Nitrogen Management ☐ Rotational Grazing ☐ Cover Cropping

Activity Implemented

Why was this activity implemented (Please explain based on GHG emissions reduction, soil health, nutrient balance, etc)

Additional comments

Part 4 – 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)

Part 5 - 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)	**Watershed District Representative (Print)**
Applicant Signature	**Watershed District Representative Signature**
Date (DD/MM/YYYY)	**Date (DD/MM/YYYY)**