



WHITEMUD WATERSHED DISTRICT

Box 130 Neepawa, MB R0J 1H0 (Ph): 204-476-5019 (Fax): 204-476-7094

Email: wwdgrowcr@mymts.net

2022 FORAGE ASSISTANCE APPLICATION FORM

Name of Applicant _____ Phone _____

Complete Mailing Address: _____

Legal Description of Home: Quarter _____ Sec _____ Twp _____ Rge _____

Legal Description of Project Site: Quarter _____ Sec _____ Twp _____ Rge _____

R.M. of _____ Sub-District # _____

NO. of ACRES _____ (maximum - 50 acres)
(Fill In Diagram on Reverse Side of Application)

LANDOWNER RESPONSIBILITIES:

1. Make application between September 15th & June 15th each year.
2. Once application is approved, seed to be purchased and invoice submitted by June 15th.
3. Sow seed in the year of delivery or report circumstances to the Board.
4. Sow seed on land as designated on application form.
5. Shall not sell, trade or exchange seed.
6. During year of establishment, shall not rip up without consent of the Board.
7. Shall keep forage in production for 4 years after establishment or forfeit future participation.
8. In case of an ownership or rental change, the new owner or renter shall sow seed on lands originally applied for, otherwise, 50% funding assistance is to be returned to the Board.
9. Provide access to seed for random seed testing.
10. Provide access for inspection/evaluation by Board at any reasonable time.

CONDITIONS OF AGREEMENT:

1. Projects applied for must be within the Whitemud District.
2. Applicants eligible for assistance every third year. **Applicants receiving seed in 2020 or 2021 not eligible.**
3. Application must be made by the owner of the land to be seeded.
4. Only one application per family farm.
5. Crown Land projects qualify if lessee is eligible.
6. Provide assistance at a rate of 10 lbs per acre to a maximum of 50 acres per application.
7. Certified seed to be purchased by landowner, if certified is not available, Canada No. 1 is minimum standard allowed.
8. Provide assistance of 50% of seed costs up to a maximum of \$65/acre per qualifying landowner. Only perennial seed will be covered by program **not** annual/nurse crops

Signature of Landowner

Date of Application

Approved by: _____

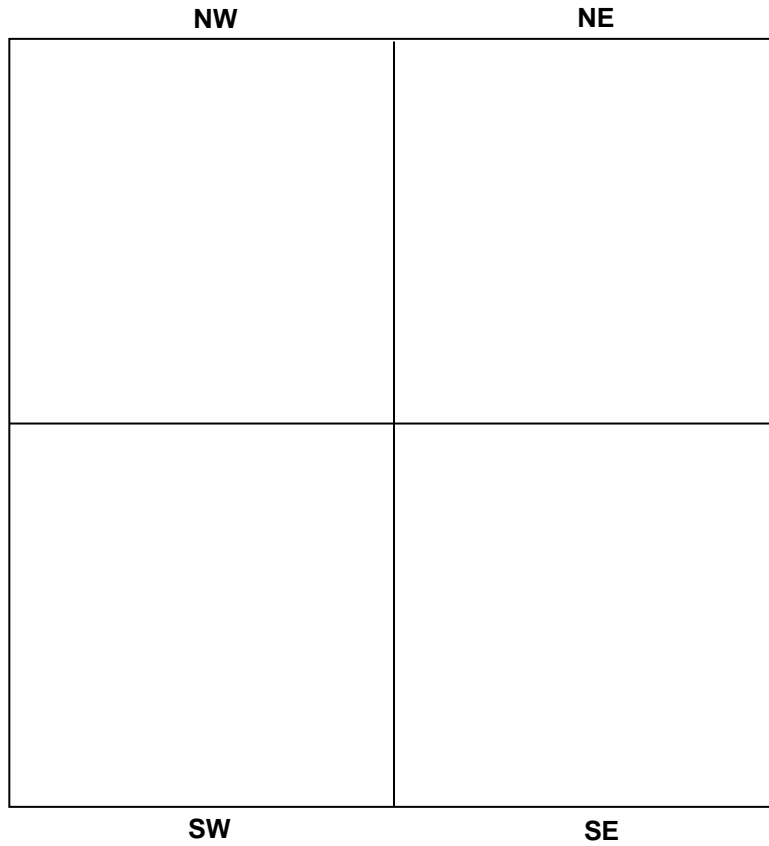
Date Approved: _____

Purchase Voucher Date: _____

Payment Date: _____

Note: Photos taken on site may be used by the District for public relations purposes.

DRAW DIAGRAM OF AREA TO BE SEEDED



If land purchased in the last 3 years, please indicate:

Purchase Date: _____

Previous Owner: _____