



WHITEMUD WATERSHED DISTRICT

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

Email: wwdgrowcr@mymts.net

2025 FORAGE ASSISTANCE APPLICATION FORM

Name of Applicant _____ Phone _____

Complete Mailing Address: _____

Email: _____

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 - 100 acres)
(Fill In Diagram on Reverse Side of Application)

Previous Land Use: _____

Is the project on rented land? ☐ Yes ☐ No

APPLICANT RESPONSIBILITIES:

1. Make application between September 15th & June 15th each year.
2. Program is used to seed down annual cropland into forages. **Not forage rejuvenation**
3. Once application is approved, seed to be purchased and **invoice submitted by June 15th.**
4. Sow seed in the year of delivery or report circumstances to the Board.
5. Sow seed on land as designated on application form by July 25th
6. During year of establishment, shall not rip up without consent of the Board.
7. Shall keep forage in production for 5 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 for inspection/evaluation by Board at any reasonable time.

CONDITIONS OF AGREEMENT:

1. Projects applied for must be within the Whitemud District.
2. Application must be made by the owner of the land to be seeded.
3. Only one application per family farm.
4. Crown Land projects qualify if lessee is eligible.
5. Provide assistance to a maximum of 100 acres per application.
6. Applicant must sign a 5 year agreement once approved to qualify for program.
7. Provide assistance of \$35/acre per qualifying landowner. Only perennial seed will be covered by program **not** annual/nurse crops.

Signature of Landowner

Date of Application

DRAW DIAGRAM OF AREA TO BE SEEDED

NW	NE
SW	SE

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

Purchase Date: _____

Previous Owner: _____

Describe Seed Blend (*program only covers perennial seed*):