



**PWCP Application Process**

1. Fill out appropriate application form.
2. Ensure Professional Assessment Form (PAF) is completed and attached.
3. Attach any quotes or invoices. Project invoices must be dated no later than March 31, 2026; and dated no earlier than February 1, 2025.
4. Submit application package (steps 1-3).
5. If approved, sign and submit the Landowner Agreement.
6. After project completion, submit paid invoices (proof of payment), and required supporting documents such as photos to receive funding. Projects must be completed by June 30th, 2026.

To be eligible, applicants must own/lease land within the eligible RMs of the Watershed District (abbr):

|         |         |         |
|---------|---------|---------|
| • RM #1 | • RM #4 | • RM #7 |
| • RM #2 | • RM #5 | • RM #8 |
| • RM #3 | • RM #6 | • RM #9 |

**Send Applications to:**

District office mailing  
address

District email

Phone: 204.###.####

Fax: 204.###.####

Fields marked with an asterisk \* are required

**SECTION 1: CONTACT INFORMATION**

|                                                                                         |                                                    |                                                                                |                                  |
|-----------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------|
| *First Name                                                                             | Middle Name                                        | *Last Name                                                                     |                                  |
|                                                                                         |                                                    |                                                                                |                                  |
| Email Address                                                                           |                                                    | Consent to be contacted electronically for purposes of AGR-1 slips. Yes or No. |                                  |
|                                                                                         |                                                    |                                                                                |                                  |
| *Home/Farm Location (Legal Land Description)                                            |                                                    | *Farm Total Acres                                                              |                                  |
|                                                                                         |                                                    |                                                                                |                                  |
| *Mailing Address<br>(Street and/or PO Box)                                              | *Village/Town/City                                 | *Postal Code                                                                   | *Phone Number                    |
|                                                                                         |                                                    |                                                                                |                                  |
| <b>*SELF DECLARATION (required)</b><br>Please select all groups that you identify with: |                                                    |                                                                                |                                  |
| <input type="checkbox"/> I decline to identify                                          | <input type="checkbox"/> Persons with disabilities | <input type="checkbox"/> Indigenous people                                     | <input type="checkbox"/> LBGTQ2+ |
| <input type="checkbox"/> Visible minorities                                             | <input type="checkbox"/> French speakers           | <input type="checkbox"/> Young farmers (<40 years)                             | <input type="checkbox"/> Women   |

**OFFICE USE**

| BMP                 |  | Total Acres            | Total Eligible Costs |
|---------------------|--|------------------------|----------------------|
| Cover Cropping      |  |                        |                      |
| Rotational Grazing  |  |                        |                      |
| Nitrogen Management |  |                        |                      |
| File #              |  | Total Acres            |                      |
| Sub-District        |  | All BMP Eligible Costs |                      |



Applicants must fill out the information for **only one** of the applicant types in 'Section 2 – Applicant Type'. The completed applicant type in 'Section 2 - Applicant Type' **must** match what was selected in 'Section 2 – Applicant Information' i.e. Corporation, Registered Partnership, Individual/Sole Proprietor.

|                                          |
|------------------------------------------|
| <b>SECTION 2 – APPLICANT INFORMATION</b> |
|------------------------------------------|

|                                                                                         |
|-----------------------------------------------------------------------------------------|
| *Select which applies (Corporation, Registered Partnership, Individual/Sole Proprietor) |
|                                                                                         |

|                                                 |
|-------------------------------------------------|
| <b>SECTION 2a: APPLICANT TYPE – CORPORATION</b> |
|-------------------------------------------------|

|                                  |
|----------------------------------|
| *Name (full legal business name) |
|----------------------------------|

|       |
|-------|
| Name: |
|-------|

|                                                                                                           |
|-----------------------------------------------------------------------------------------------------------|
| *Business Number (nine-digit business number, two-letter program identifier, four-digit reference number) |
|-----------------------------------------------------------------------------------------------------------|

|     |
|-----|
| BN: |
|-----|

|                                                            |
|------------------------------------------------------------|
| <b>SECTION 2b: APPLICANT TYPE – REGISTERED PARTNERSHIP</b> |
|------------------------------------------------------------|

|                                     |
|-------------------------------------|
| *Name (registered partnership name) |
|-------------------------------------|

|       |
|-------|
| Name: |
|-------|

|                                                                                                           |
|-----------------------------------------------------------------------------------------------------------|
| *Business Number (nine-digit business number, two-letter program identifier, four-digit reference number) |
|-----------------------------------------------------------------------------------------------------------|

|     |
|-----|
| BN: |
|-----|

|                                                                |
|----------------------------------------------------------------|
| <b>SECTION 2c: APPLICANT TYPE – INDIVIDUAL/SOLE PROPRIETOR</b> |
|----------------------------------------------------------------|

|                                        |
|----------------------------------------|
| *Name (first, middle [optional], last) |
|----------------------------------------|

|       |
|-------|
| Name: |
|-------|

|                          |
|--------------------------|
| *Social Insurance Number |
|--------------------------|

|      |
|------|
| SIN: |
|------|



### SECTION 3: APPLICANT INFORMATION INSTRUCTIONS

#### 1) Applicant Type

If you are an individual or a sole proprietor\*, select Individual as the applicant type.  
If you are a corporation (incorporated business), select Corporation as the applicant type.  
If you are a registered business partnership, select partnership as the applicant type.

\*A sole proprietorship is an unincorporated business that is owned by one individual; and a sole proprietor pays taxes by reporting income (or loss) on a T1 income tax and benefit return.

#### 2) Home/Farm Location

Provide the Legal Land Description of the home/farm that the operation is based out of i.e. NW-1-1-1-W1.

#### 3) Consent to be Contacted Electronically

Successful applicants who receive funding from PWCP will be issued an AGR-1 Statement of Farm-Support Payments slip by the Manitoba Association of Watersheds (MAW). Applicants can indicate if they wish to receive the AGR-1 slip by email on Page 1. By selecting yes, you are giving MAW consent to send the AGR-1 Statement of Farm-Support Payments slip to you electronically via email. The email you provide will not be used for any other purposes.

#### 4) Social Insurance Number

If you are applying as an individual/sole proprietor, MAW will require your Social Insurance Number to issue the AGR-1 Statement of Farm-Support Payments slip, and for the purposes of tax reporting to the Canada Revenue Agency.

#### 5) Business Number

If you are applying as a corporation or partnership, MAW will require your business number to issue the AGR-1 Statement of Farm-Support Payments slip, and for the purposes of tax reporting to the Canada Revenue Agency (CRA). A CRA program account number has three parts:

- The nine-digit Business Number to identify the business.
- A two-letter program identifier code to identify the program account.
- A four-digit reference number to identify an individual program account (since businesses can have more than one of the same kind).

Example of a complete business number:

| Business number |   |   |   |   |   |   |   |   | Reference number |                    |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|------------------|--------------------|---|---|---|
| 1               | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | RT               | 0                  | 0 | 0 | 1 |
|                 |   |   |   |   |   |   |   |   |                  | Program identifier |   |   |   |

#### 6) Self Declaration

Agriculture and Agri-Food Canada (AAFC) wants to collect better data on the participation of underrepresented and marginalized groups in the On-Farm Climate Action Fund (OFCAF) and requires that all producers respond to the question. Select which groups you identify with or select 'I decline to identify' if you wish to decline.



#### SECTION 4: 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 Name      |
|                        |                                             |
| Applicant Signature    | Watershed District Representative Signature |
|                        |                                             |
| Date (DD/MM/YYYY)      | Date (DD/MM/YYYY)                           |
|                        |                                             |



| SECTION 5a: PROFESSIONAL ASSESSMENT FORM                                                                                                                                                            |  |                    |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|--|
| Personal Details (Professional advisor)                                                                                                                                                             |  |                    |  |
| Full name                                                                                                                                                                                           |  | Organization       |  |
| Phone number                                                                                                                                                                                        |  | Email address      |  |
| Qualifications<br>(e.g., P.Ag, A.Ag, Tech.Ag, ATech.Ag, or Certified Crop Advisor)                                                                                                                  |  |                    |  |
| Applicant info                                                                                                                                                                                      |  |                    |  |
| Full name                                                                                                                                                                                           |  | Phone number       |  |
| Email address                                                                                                                                                                                       |  | Watershed District |  |
| BMP(s) Implemented                                                                                                                                                                                  |  |                    |  |
| Cover crops <input type="checkbox"/> Nitrogen Management <input type="checkbox"/> Rotational Grazing <input type="checkbox"/>                                                                       |  |                    |  |
| Activity Implemented                                                                                                                                                                                |  |                    |  |
|                                                                                                                                                                                                     |  |                    |  |
| Why was this activity recommended to the Ultimate Recipient? Please provide the reason for implementing this activity mainly based on GHG emissions reduction, soil health, nutrients balance, etc. |  |                    |  |
|                                                                                                                                                                                                     |  |                    |  |
| Additional comments                                                                                                                                                                                 |  |                    |  |
|                                                                                                                                                                                                     |  |                    |  |



## SECTION 5b: 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<br>Signature | Date (DD/MM/YYYY) |
|-----------------------------------|-------------------|
|                                   |                   |

| BMP: NITROGEN MANAGEMENT PROJECT – Offsetting Higher Cost of Synthetic Fertilizer Substitutes                                                                                                                                                                                                                                                                                                                          |                                                                                                                    |                                                               |                            |                                                                 |                                           |                                             |                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------|-----------------------------------------------------------------|-------------------------------------------|---------------------------------------------|--------------------|
| Offsetting higher cost of synthetic fertilizer substitutes (manure, compost, digestates) – 85% of increased cost (up to \$100,000)<br><i>Synthetic Fertilizers are funded based on the cost difference on the day of purchase between standard nitrogen fertilizer (46-0-0) and synthetic fertilizer substitutes.<br/>Please contact your agrologist for standard nitrogen fertilizer rates on your purchase date.</i> |                                                                                                                    |                                                               |                            |                                                                 |                                           |                                             |                    |
| Synthetic Fertilizer Product Name                                                                                                                                                                                                                                                                                                                                                                                      | Product Cost<br>(\$/MT)                                                                                            | Standard Nitrogen Cost<br>(\$/MT at date of product purchase) | Cost Difference<br>(\$/MT) | # of Metric Tonnes<br>(MT of product purchased)                 | Cost Difference x Metric Tonnes purchased | Funding Request<br>(85% of Cost Difference) | Applicant Initials |
|                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                    |                                                               |                            |                                                                 |                                           |                                             |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                    |                                                               |                            |                                                                 |                                           |                                             |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                    |                                                               |                            |                                                                 |                                           |                                             |                    |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                    |                                                               |                            |                                                                 |                                           |                                             |                    |
| Costs are: <input type="checkbox"/> Actual Cost                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                    |                                                               |                            | Verified by staff: <input type="checkbox"/> _____ staff initial |                                           |                                             |                    |
| PROJECT DETAILS                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                    |                                                               |                            |                                                                 |                                           |                                             |                    |
| #                                                                                                                                                                                                                                                                                                                                                                                                                      | List the legal land description of where the project(s) is located.<br><i>(Attach additional sheets if needed)</i> | Legal land descriptions continued                             | # Acres                    |                                                                 | New practice/ acres?                      | Applicant Initials                          |                    |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    |                                                               |                            |                                                                 |                                           |                                             |                    |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    |                                                               |                            |                                                                 |                                           |                                             |                    |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    |                                                               |                            |                                                                 |                                           |                                             |                    |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    |                                                               |                            |                                                                 |                                           |                                             |                    |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    |                                                               |                            |                                                                 |                                           |                                             |                    |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    |                                                               |                            |                                                                 |                                           |                                             |                    |
| Why are you implementing this practice?                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    |                                                               |                            |                                                                 |                                           |                                             |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                    |                                                               |                            |                                                                 |                                           |                                             |                    |
| OFFICE USE                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                    |                                                               |                            |                                                                 |                                           |                                             |                    |
| File #                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                    | Total Acres                                                   |                            |                                                                 |                                           |                                             |                    |
| Project Type                                                                                                                                                                                                                                                                                                                                                                                                           | NM—Synthetic Fertilizer Substitutes                                                                                |                                                               | Total In-Kind              |                                                                 |                                           |                                             |                    |
| Sub-District                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                    | Total Eligible Costs                                          |                            |                                                                 |                                           |                                             |                    |