



APPLICATION FORM
On Farm Climate Action Fund

Contact Information			
First name:	Middle name:	Last name:	
Organization name:			
Street address:	Nearest town:	Province:	Postal code:
Telephone #:	Email:		
Type of Business or Organization			
Choose one and complete the required information			
<input type="checkbox"/> Individual Proprietorship (if you file to Canada Revenue Agency as an individual)			
Social Insurance Number:			
<input type="checkbox"/> Incorporated Company (if you file to Canada Revenue Agency as a partnership)			
Revenue Canada Business Number:			
<input type="checkbox"/> Partnership (if you file to Canada Revenue Agency as a partnership)			
Revenue Canada Business Number:			
<input type="checkbox"/> Other (please identify):			
Registration Number:			
Partnerships			
If you indicated "Partnership" as your type of business in Section 1.2, please list the partner name(s) and their ownership per cent in the table below.			
Name of all partners		Percent of ownership	
Total (must equal 100%):			

Applicant Information (please choose only one)			
<input type="checkbox"/> Primary producer <input type="checkbox"/> Indigenous government/Indigenous community/Indigenous group			
Type of Industry (please choose only one)			
<input type="checkbox"/> Oilseed and grain farming	<input type="checkbox"/> Dairy cattle and milk production	<input type="checkbox"/> Beef cattle ranching and farming, including feedlots	<input type="checkbox"/> Other crop farming Please specify:
<input type="checkbox"/> Vegetable farming	<input type="checkbox"/> Hog and pig farming	<input type="checkbox"/> Fruit and tree nut farming	<input type="checkbox"/> Other animal production Please specify:
<input type="checkbox"/> Sheep and goat farming	<input type="checkbox"/> Poultry and egg production	<input type="checkbox"/> Support activities for crop production	<input type="checkbox"/> Support activities for animal production
<input type="checkbox"/> Multiple industries Please specify:			<input type="checkbox"/> Not applicable

Project Type			
Select the BMPs that you are applying for (select all that apply). Please provide contact information for the agronomist, Certified Crop Advisor, or Professional Agrologist (P.Ag) that is providing support with your project.			
<input type="checkbox"/> 1. Cover Cropping			
Advisor Name:			
Advisor Contact	Phone:		Email:
<input type="checkbox"/> 2. Nitrogen Management			
Advisor Name:			
Advisor Contact:	Phone:		Email:
<input type="checkbox"/> 3. Advanced Grazing Management			
Advisor Name:			
Advisor Contact:	Phone:		Email:

Project Funding	
Have you, or will you, secure any other Provincial and/or Federal Government funding for this project?	
Yes or No:	
If yes, provide detailed information as indicated below	
Source	Dollar Amount

Cover Cropping

Please complete the table below with as much detail as possible. If more space is needed, applicants can provide this section on a separate page attached to the end of the application.

Property ID(s):	Acreage:	Cover Crop:
Total acres		

For technical services and per acre payments for cover cropping

Project Expenses (services)	Supplier	Estimated cost (less HST)
		\$
		\$
		\$
		\$
Subtotal		\$
Subtotal x 0.75		\$
Number of Seeded Acres	Cost per acre	Subtotal for Seeded Acres
	\$75	\$
Total (Subtotal x 0.75 + Subtotal for Seeded Acres)		\$

Cover Cropping Plan			
Use the following boxes to provide the information requested. Additional information can be attached separately and submitted with your application. See the Cover Crop Plan and Quick Reference document for further information on developing a cover cover plan.			
BMP: Cover Cropping			
Grower Standard Practice	Explain your current cover cropping practices (if any) and how this project will improve and/or expand your current standard practice.		
Rationale for Cover Crop Species	Please describe why you have chosen the cover crop species or mix. What outcomes are you targeting? (e.g. fall erosion control, winter erosion control, nitrogen loss reduction, carbon sequestration)		
Rotational fit	Explain how this cover crop fits into the rotation and supports the cash crop you intend to plant before or following the cover crop (e.g. less tillage, more residue)		
Estimated Planting Date(s)	Provide an estimate of the timeframe or cropping window within which you expect to establish the cover crops. Ensure it fits within the suggested establishment windows for the species selected and detail a fallback species or mix.		
Species :	Plant Date:	Species:	Plant Date:
Machinery Implement/Method of Establishment	Outline the equipment you will use to establish the cover crop and the number of additional operations required (e.g. a tillage and a seeder pass). Provide an estimate on the productivity rate (acres/hr) for cover cropping and discuss any fallback plans should weather or equipment delays prevent you from establishing the cover crop in the target cropping window for that species or mix.		
Evaluation:	Describe how you will measure the value of the cover crop in terms of economic, environmental, and social considerations. Examples of metrics are vegetation index maps (NDVI), visual assessment, app based ground cover estimations, wind and water erosion control strip assessments, and cash crop yield increases compared to an uncovered check strip.		

Improved Nitrogen Management

Please complete the table below. If more space is needed, applicants can provide this section on a separate page attached to the end of the application.

Property ID's	Acreage	Crop

For purchases of equipment for improved nitrogen management, enhanced efficiency fertilizers, soil sampling and mapping services, and nutrient management planning.

Project Expenses (i.e. materials, services, labour, equipment, etc.)	Supplier	Estimated cost (less HST)
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total:		\$

OFFICE USE ONLY	
Project total value: \$	Project total eligible costs: \$

Improved Nitrogen Management Plan	
Please provide required project details using the space given or attach a summary/project proposal (1-2 pages) to the end of the application form if more space is required. <i>It is recommended that you discuss with the Program Advisor prior to applying.</i>	
BMP: Improved nitrogen management practices management practices	
Growers Standard Practice	Please describe grower standard practice on these acres (rotation, nitrogen sources and management practices, legume and manure credits)
New Practices	Please describe the new practice(s) that will be adopted, and how they are intended to improve nitrogen use efficiency and reduce nitrogen loss in terms of the following applicable nutrient management themes. Please refer to the Nitrogen Management guidance document to support your application.
Source (e.g. controlled release, legumes, manure management)	
Rate (e.g. reduced rate, variable rate, enhanced calibration)	
Timing (e.g. split application, foliar application)	
Placement (e.g precision placement, injection)	
Environmental & Social Risk Mitigation (e.g. leaching and GHG emissions reductions)	

Improved Nitrogen Management (continued)

Use the space below to provide additional information or attach it separately at the end of the application.

Empty space for providing additional information or attachments.

Advanced Grazing Management

Please complete the table below with as much detail as possible. Please attach any applicable quotes, plans, grazing charts, etc.

Property ID's	Acreage	
Building Permit Number (if applicable):		
For purchases of equipment or infrastructure for improved grazing management, pasture overseeding, and advanced grazing management planning		
Project Expenses (i.e. materials, services, labour, equipment, etc.)	Supplier	Estimated cost (less HST)
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total:		\$
OFFICE USE ONLY		
Project total value: \$	Project total eligible costs: \$	

Advanced Grazing Management Plan

Please provide details using the topic points for that BMP given in the table below. Use the space given on the next page or attach a summary/project proposal (1-2 pages) to the end of the application form if more space is required.

It is recommended that you discuss with the Program Advisor prior to applying.

BMP: Improved grazing management practices

Growers Standard Practice	Describe the current grazing system.
Improved Grazing Management Practices	Provide a summary of the intensive grazing management system you will be implementing, and the management plan actions (including stocking density, length of grazing, etc.).
Stocking Density <i>Estimated target stocking density (number of animals per paddock area)</i>	
Timing of grazing and forage recovery <i>How long are animals in a paddock, and what is target forage recovery time?</i>	
Pasture Composition and Improvement <i>Any planned improvements in pasture composition, and rationale for species selection.</i>	

Advanced Grazing Management (continued)

Use the space below to provide additional information or attach it separately at the end of the application.

Empty space for providing additional information or attachments.

3. Declarations and Consent to Use Personal Information

Please provide a checkmark in each box after reading each paragraph closely.

By submitting this form for project funding, I/We:

- understand that personal information on this form is collected under Section 31c of the Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1988 c. F-15.01 as it relates directly to and is necessary for the Agricultural Climate Solutions On Farm Climate Action Fund. It will be used for determining eligible for program assistance and will be shared with the Canada Revenue agency regarding the taxable benefit and Agriculture and AgriFood Canada, regarding program management, claims, audits, and evaluation of this program
- agree that information provided for purposes of the On Farm Climate Action Fund may be shared with the Canada Revenue Agency as it pertains to any potential taxable benefits, as well as with Agriculture and Agri-Food Canada or its agent regarding claims, audits and evaluations as it relates directly to and is necessary
- understand that successful applicants will be required to enter into a written agreement with the PEI Federation of Agriculture that provides for cash and/or in-kind contributions at Fair Market Value in accordance with the cost-share ratios identified in the program guidelines as well as additional requirements that are consistent with and reflect the terms, conditions, and objectives of the On Farm Climate Action Fund
- understand that, if approved, this project will not be eligible for funding from any other On Farm Climate Action Fund providers
- agree not use any GHG emissions reductions, avoidances or removals arising from this project to apply for any existing or future federal, provincial, or voluntary offset credit programs if the GHG emission reductions are generated between March 1, 2022 and March 31, 2024
- agree to participate in an evaluation and/or audit of the program
- understand that projects funded may be communicated through the PEI Federation of Agriculture's public and social media channels
- understand that failing to comply with all application requirements may delay the processing of the application, or may render me ineligible for receiving assistance under the program
- understand that the Social Insurance Number, Business Number and/or Charity Registration Number is collected under the authority of the Income Tax Act for the purposes of reporting income
- acknowledge that my/our completing this application form and by receiving advice from the PEI Federation of Agriculture or other program delivery agent does not oblige the PEI Federation of Agriculture or other delivery agents to provide funding

I, _____ certify that the information given on this application is to the best of my knowledge complete, true and accurate.

Name of Applicant/Signing
Officer (please print)

Signature of Applicant/Signing
Officer

Date

4. Demographic Information

Your **voluntary** response to the following questions will assist in understanding the demographic profile of On Farm Climate Action Fund clients.

Do you identify as	<input type="checkbox"/> Man	<input type="checkbox"/> Woman	<input type="checkbox"/> Gender not listed	<input type="checkbox"/> Prefer not to say
Are you a senior (age 65 or older)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say	
Are you a youth (age 29 or younger)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say	
Do you identify as a person with a disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say	
What is your first language?	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say
Are you proficient in languages other than English or French?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say	
Do you identify as a member of the Island's Acadian community?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say	
Do you identify as a member of an Indigenous group?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say	
Do you identify as a newcomer to Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say	
Do you identify as part of another under-represented group?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say	

5. Submitting Applications

Completed applications may be submitted to the attention of the **OFCAF Program Officer** via regular mail or email.

Email applications:

Once you have completed the application, you may e-mail a signed copy in PDF to ofcaf@peifa.ca.

Regular mail applications:

Applications may be submitted via regular mail at:
PEI Federation of Agriculture
159 Sherwood Road
Suite 100
Charlottetown, PE, C1E 0E5
(902) 368-7289 (telephone)
(902) 368-7204 (facsimile)

OFFICE USE ONLY

Date Application Received:
Approved? Y N

Date Application Completed:
Initials: