

ADVANCED GRAZING MANAGEMENT APPLICATION FORM On Farm Climate Action Fund

Contact Information			
First name:	Middle name:	Last name:	
Farm/Business 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)

- Primary producer
- 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
Please provide contact information for the agronomist, Certified Crop Advisor, or Professional Agrologist (P.Ag) that is providing support with your project.

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
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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: \$

Please attach you Advanced Grazing Plan to this application.

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

Eligibility Questions: **Yes No**

- 1. Is this activity on previously cropped land
- 2. Has this activity been previously done on these acres?
- 3. Is there any improvement to the activities that has not been done in the past?

If you answered yes to question 3 please describe the improvements.

Current Standard Practice: Describe the current grazing system

Improved Grazing Management Practices

- What kind of grazing animal do you have? _____
- How many animals per paddock area? _____
- How long are animals in a paddock? _____
- What is the target forage recovery time? _____
- Is the infrastructure needed to do rotational grazing? _____

Pasture Composition and Improvement *Any planned improvements in pasture composition, and rationale for species selection.*

- What pasture crop are you establishing? _____
- What will be the planting date? _____
- What is the seeding rate? _____
- Pasture will be seeded using no till equipment. _____
- What equipment are you using to establish? _____
- What is the goal of this practice? _____

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)

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Date Application Received:

Approved? Y N

Date Application Completed:

Initials:

OFCAF Program Officer Contacts

If you have questions about the program or application please reach out to one of our program officers.

Rimsha Khan

email: rkhan@peifa.ca
Phone: 902-368-7289
Cell: 902-916-1071

Meagan Moynagh

email: mmoynagh@peifa.ca
Phone: 902-398-7289