

COVER CROPPING 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 Company) 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

PLEASE NOTE ANY UNANSWERED QUESTIONS WILL DELAY YOUR APPLICATION

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, 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 Advisor

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

Advisor Name:		
Advisor Contact	Phone:	Email:
Advisor Signature:		

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

PLEASE NOTE ANY UNANSWERED QUESTIONS WILL DELAY YOUR APPLICATION

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

Agronomy Service Expenses	Supplier	Estimated cost (less HST)
		\$
		\$
	Subtotal	\$
Subtotal x 0.85		\$
Number of Seeded Acres	Cost per acre	Subtotal for Seeded Acres
	\$75	\$
OFFICE USE ONLY		\$

PLEASE NOTE ANY UNANSWERED QUESTIONS WILL DELAY YOUR APPLICATION

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 crop plan.

BMP: Cover Cropping

Eligibility Questions: Please answer all 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 improvement.

What cover crop are you establishing?

What will be the planting date?

What is the seeding rate?

What equipment are you using to establish the cover crop?

What method are you using to establish cover crop?

What is the goal of the cover crop?

Additional Information

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

PLEASE NOTE ANY UNANSWERED QUESTIONS WILL DELAY YOUR APPLICATION

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, 2025 and March 31, 2028
- 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

Demographic Questions must be Answered

4. Demographic Information

Your **Mandatory** 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:

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: 902-368-7289



**PEI ON FARM CLIMATE ACTION FUND
WINTER CEREAL COVER CROP ATTESTATION**

To receive support from the PEIFA's On Farm Climate Action Fund (OFCAF) to establish a Winter Cereal cover crop you must complete the following attestation.

I _____ the liaison for the individual proprietorship of _____ hereby certify that the Winter Cereal cover crop established with funding from the OFCAF program meets the following OFCAF program guidelines to be eligible for funding:

1. The Winter Cereal cover crop must be established following the harvest of a commercial crop or following late summer early fall tillage.
2. The Winter Cereal cover crop must not be harvested and sold.
3. The Winter Cereal cover crop must not be harvested leaving less than six inches of cover.

I understand that if I do not adhere to these requirements the project will be deemed ineligible and funding will not be provided.

By signing below, I confirm that I will manage the Winter Wheat cover crop for project -CC24 according to the OFCAF program guidelines.

_____ day of _____ in the year _____

(Name)

(Signature)

WWW.PEIFA.CA

**159 SHERWOOD ROAD • SUITE 100 • CHARLOTTETOWN, PE C1E 0E5
PHONE: 902-368-7289 • FAX: 902-368-7204**