

# CANADA – NEW BRUNSWICK WATER MANAGEMENT PROGRAM (CNBWMP)

## Application for Multi-user Water Management Projects - TIER 2

Client Number (Office Use)	Fiscal Year	File Number (Office Use)
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**PROTECTED ONCE COMPLETED**

*(please use ink and print)*

**PART A – APPLICANT INFORMATION**

I prefer future correspondence in :  English  French

Langue de correspondance préférée:  français  anglais

Applicant Name or primary contact for collaborators/partners		Social Insurance/Business/HST Number	
Route or Street Address		E-mail address	
City/Town/Village	Province	Postal Code	County
Home Telephone Number ( )	Work Telephone Number ( )	Home Facsimile Number ( )	Work Facsimile Number ( )
Contact Name (if different than Applicant Name)		Telephone Number ( )	Facsimile Number ( )
Please provide information on the other partners in this multi-user project on page 2 (Part A Continuation)			

**PART B – ENVIRONMENTAL FARM PLAN INFORMATION**

Do each of the agricultural producers in the partnership have an approved Environmental Farm Plan (EFP)?  No  Yes

**PART C – FARMING OPERATION**

1. a) Check the box that best describes your farming operations:

- Crop     Horticulture/Greenhouse     Other (specify) \_\_\_\_\_  
 Livestock     Mixed

Farming Operation Code (office use only)

b) Farm profile for the project collaborators/partners

Indicate all the farmland owned, rented and leased by the collaborators / partners in the table below

Indicate your livestock owned by the collaborators / partners in the table below.

Crops	Acres
Annual Crops	
Forage Crops	
Horticultural Crops	
Greenhouse	
Others	
Total	

Livestock Type	Current Number	Projected number in 12 months from now
Beef		
Dairy		
Hogs		
Poultry		
Others _____ (specify type)		

c) Total land irrigated: (current) \_\_\_\_\_ acres

projected (next year) \_\_\_\_\_ acres

May 2006

Disponible en français

**Part A - Applicant Information (continued)**

Applicant name - Other partner		Social Insurance/Business/HST Number	
Route or Street Address		E-mail address	
City/Town/Village	Province	Postal Code	County
Home Telephone Number ( )	Work Telephone Number ( )	Home Facsimile Number ( )	Work Facsimile Number ( )
Contact Name (If different than Applicant Name)		Telephone Number ( )	Facsimile Number ( )

Applicant Name – Other partner		Social Insurance/Business/HST Number	
Route or Street Address		E-mail address	
City/Town/Village	Province	Postal Code	County
Home Telephone Number ( )	Work Telephone Number ( )	Home Facsimile Number ( )	Work Facsimile Number ( )
Contact Name (If different than Applicant Name)		Telephone Number ( )	Facsimile Number ( )

Applicant Name – Other partner		Social Insurance/Business/HST Number	
Route or Street Address		E-mail address	
City/Town/Village	Province	Postal Code	County
Home Telephone Number ( )	Work Telephone Number ( )	Home Facsimile Number ( )	Work Facsimile Number ( )
Contact Name (If different than Applicant Name)		Telephone Number ( )	Facsimile Number ( )

**PART D – PROJECT INFORMATION**

Refer to the Canada/New Brunswick Water Management Program [Guidelines](#) to complete this section.

**PROJECT**

1. List the type of work to be completed:

\_\_\_\_\_

Office use only		
Tier	Project Type	Issue Code
2		

2. Project Location (Property Identification Number (PID) of Project Site): \_\_\_\_\_

3. Project Details  
 Use this space to describe in detail how the project will be implemented. Explain the steps or processes that will be used to carry out the project. Also, provide design information, such as materials and equipment used to do the work. State who will do the work, (e.g. self, contractor). Use separate sheet if more space is required. Attach quote from contractor(s), supplier(s), and consultant(s), or cost estimate, if applicable.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Project Work, Budget and Funding (Refer to the Canada /New Brunswick Water Management Program [Guidelines](#) to complete this section)

a) Project Work and Budget

Description	Budget
<b>Total Budget</b>	\$

b) Sources of Funding

Total budget	\$	A
<b>Financial assistance requested under Canada / New Brunswick Water Management Program</b>		
\$ _____ (A) divided by 3	\$	B
<b>Applicant's Contribution to the Project</b>	\$	C
<b>Funding from other sources (if applicable, list the sources in Table below)</b>	A-B-C	\$

Funding from Other Sources	Has the funding been approved ?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

We hereby declare that the information provided in this application is true and correct in every respect.

We have read and agree to the following Terms and Conditions.

We indemnify and save harmless Canada and New Brunswick from and against and be responsible for all claims, losses, damages, costs, expenses, actions and other proceedings, made, sustained, brought, prosecuted, threatened to be brought or prosecuted, in any manner based upon, occasioned by, attributable to any injury, or death of a person or damage to or loss of property arising from any act, omission, or delay on the part of the Applicant, the Applicant's servants or agents in performing the work or any default or delay in performance or from the remedying of default of obligations under this agreement.

We authorize employees of the Government of Canada or the Government of New Brunswick or their agents to use data relating to my/our farming operation to verify this application, and to inspect my/our farm operation and/or records as they pertain to this program.

We understand that the information provided on this document is collected by Agriculture and Agri-Food Canada and/or New Brunswick Department of Agriculture, Fisheries and Aquaculture under the authority of the National Water Supply Expansion Program (NWSEP) for the purpose of taking action to reduce the risk of future water shortages and to enhance water management.

We authorize the Government of Canada and/or the Government of New Brunswick to use the information contained within this application for program audit and other programs administered by Agriculture and Agri-Food Canada and/or New Brunswick Department of Agriculture, Fisheries and Aquaculture.

We authorize and consent to the disclosure and use of the attached information for the purpose of general analysis on an aggregate basis as long as individual confidentiality is maintained.

We understand that the Social Insurance Number (SIN), Business Number (BN), or Harmonized Sales Tax (HST) Number is collected under the authority of the *Income Tax Act* for the purpose of reporting income.

We understand that information provided on this form is subject to the provisions of the *Privacy Act* and the *Access to Information Act* of Canada and/or *Right to Information Act* of New Brunswick.

We also understand that failure to comply with all the application requirements may delay processing of the application or render me/us ineligible for assistance under the program.

We agree that we will be responsible for ensuring the technical and structural adequacy and legal requirements of this project.

We will observe and abide by all applicable Federal, Provincial and Municipal laws and regulations, including, but not limited to, the Federal and Provincial environmental assessment and protection acts, trade agreements and legislation acts, and zoning bylaws and regulations and public health and safety.

We agree to have an arrangement that stipulates our respective responsibilities in the development and maintenance of the water infrastructure prior to the submission of the claim for reimbursement.

We agree to share the cost of implementing the infrastructure projects in the following manner, and request that the eligible contribution be divided and individual cheques be issued to the partners in the similar manner.

PLEASE PRINT NAME	Cost-sharing (%) between the partners	SIGNATURE	DATE

<p><b>FOR ASSISTANCE IN COMPLETING THIS APPLICATION, PLEASE CALL:</b></p> <p><b>THE LOCAL OFFICE OF NEW BRUNSWICK DEPARTMENT OF AGRICULTURE, FISHERIES AND AQUACULTURE IN YOUR AREA</b></p>	<p><b>MAIL SIGNED ORIGINAL APPLICATION TO:</b></p> <p><b>THE LOCAL OFFICE OF NEW BRUNSWICK DEPARTMENT OF AGRICULTURE, FISHERIES AND AQUACULTURE IN YOUR AREA</b></p>
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**SIGN AND RETAIN A COPY OF THIS APPLICATION FOR YOUR RECORDS**