

NATIONAL FARM STEWARDSHIP PROGRAM (NFSP) and GREENCOVER CANADA PROGRAM (GCP)

Application for the Implementation of Beneficial Management Practices

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

(please use ink and print)

I prefer future correspondence in : English French
Langue de correspondance préférée: français anglais

PART A – APPLICANT INFORMATION

Applicant Name(s)		Social Insurance/Business/HST Number (of first Applicant listed)	
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 B – ENVIRONMENTAL PLAN INFORMATION

Do you have an approved Environmental Farm Plan (EFP)? No Yes, EFP #: _____ Year approved: _____

PART C – FARMING OPERATION

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

- Crop Horticulture/Greenhouse Other _____
(Specify)
- Livestock Mixed

Farming Operation Code (office use only)

b) Your farm profile

Indicate all the farmland you own, rent and lease in the table below

Crops	Acres
Annual Crops	
Forage Crops	
Horticultural Crops	
Greenhouse	
Others	
Total	

Indicate your livestock in the table below.

Livestock Type	Number
Beef	
Dairy	
Hogs	
Poultry	
Others _____ (specify type)	

Total land irrigated = _____ acres

May 2006

Disponible en français

PART D – PROJECT INFORMATION

Refer to the Guide for the Implementation of Beneficial Management Practices to complete this section (Part D).

PROJECT 1 (1 BMP per project)

1. List the type of work (i.e. Beneficial Management Practice) to be completed.

Office use only	
Category Code	Practice Code

2. 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 practice. 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.

3. Project Work, Budget and Funding (Refer to the Guide for the Implementation of Beneficial Management Practices to complete this section)

a) Project Work and Budget

b) Sources of Funding

Description	Budget
Total Budget	\$

Total budget	\$	A
Financial assistance under NFSP/GCP		
Eligible cost	Program Funding Rate	Funding Requested from Program
\$ _____	_____ %	\$ _____
Applicant's Contribution to the Project		\$ _____
Funding from other sources (if applicable, to list the sources in Table below)		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	\$

PART D (continuation) – PROJECT INFORMATION

Refer to the Guide for the Implementation of Beneficial Management Practices to complete this section (Part D).

PROJECT 2 (1 BMP per project)

1. List the type of work (i.e. Beneficial Management Practice) to be completed.

Office use only	
Category Code	Practice Code

2. 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 practice. 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.

3. Project Work, Budget and Funding (Refer to the Guide for the Implementation of Beneficial Management Practices to complete this section)

a) Project Work and Budget

b) Sources of Funding

Description	Budget
Total Budget	\$ _____

Total budget		\$ _____	A
Financial assistance under NFSP/GCP			
Eligible cost	Program Funding Rate	Funding Requested from Program	
\$ _____	_____ %	\$ _____	B
Applicant's Contribution to the Project		\$ _____	C
Funding from other sources (if applicable, to list the sources in Table below)		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	\$ _____

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

I/We have read and agree to the Terms and Conditions provided in this application.

I/We authorize employees of the Government of Canada or 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.

I/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 Farm Stewardship Program (NFSP) for the purpose of taking action to reduce identified environmental risk.

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

I/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.

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

I/We understand that information provided on this form is subject to the provisions of the *Privacy Act* of Canada, the *Access to Information Act* of Canada and/or the *Right to Information Act* of New Brunswick. Information will be stored in the Environmental Stewardship Programs Personal Information Bank.

I/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.

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

I/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.

I/We have reached an equitable arrangement with the landowner, if applicable, and accept all liability and responsibility for any claim such landowner may assess as the result of a project constructed with the assistance of funding received from the National Farm Stewardship Program or Greencover Canada Program.

CORPORATIONS, COOPERATIVES and PARTNERSHIPS	TRUSTEE	ESTATE APPLICATIONS	
Applications must be signed by authorized signing officer(s) with accompanying certified signature resolution or corporation seal and/or copy of First Nations Council Resolution.	Power of Attorney or Court Order must be attached if signed on behalf of another person.	Executor(s) or Administrator(s) must sign the application, and must clearly note near their signature: "Executor for the Estate of J. Doe"; or "Administrator for the Estate of J. Doe".	
PLEASE PRINT NAME		SIGNATURE	DATE
<p>FOR ASSISTANCE IN COMPLETE THIS APPLICATION, PLEASE CALL:</p> <p>THE LOCAL OFFICE OF NEW BRUNSWICK DEPARTMENT OF AGRICULTURE, FISHERIES AND AQUACULTURE IN YOUR AREA</p>		<p>MAIL SIGNED ORIGINAL APPLICATION TO:</p> <p>THE LOCAL OFFICE OF NEW BRUNSWICK DEPARTMENT OF AGRICULTURE, FISHERIES AND AQUACULTURE IN YOUR AREA</p>	

SIGN AND RETAIN A COPY OF THIS APPLICATION FOR YOUR RECORDS