

CANADA-YUKON FARM STEWARDSHIP PROGRAM (CYFSP) **FOR APPLICATION YEAR 2004/05**

Application for the Implementation of Environmental Farm Plans (EFP) and/or Equivalent Agri-Environmental Plans (EAEP)

| Client Number (Office Use) | | Project Number (Office Use) | | | Fil | File Number (Office Use) | | | | | | | |
|---|----------------------------|------------------------------------|---|------------|----------------|---------------------------------------|--------------|--------------------------------------|--------|-------------|-------|------|-------------------|
| PROTECTED ONC (Please use ink and print, PART A – APPLICA |) | | I/We prefe Langue de | | | - | | | | Eng fran | | | French anglais |
| Applicant Name(s) | | | | | | | | | | | | | |
| Street and/or Postal Bo | ox Address | | | | Socia Busin | | ance umbe | and indicat (of first appli er | | | | | |
| City/Town/Village | Р | rovince | Country | | Posta | al Code | Э | E-mail Ad | ddress | 3 | | | |
| Home Telephone Num | ber | Work Tele | ephone Number | Hom (| ne Facs) | Facsimile Number Work Facsimile Nu | | | | | Nun | nber | |
| Residence: | | | Description of Quarter Section Land (eg. District or | | | SEC | TW | P RGE | MEF | R | OTH | HER | |
| Contact Name (If Different than Applicant Name | | | ne | Telep (| hone N | none Number Facsimile Number () | | | | | | | |
| ☐ Crop☐ Livestocl b) Indicate total | ox that best c number of | describes Horticul Mixed acres und | s your farming operati ture/Greenhouse ler irrigation. of livestock in the tab | | | her — | | | | specify | , | | |
| Beef | Dai | iry | Hogs | F | Poultry | | | Other Live | estock | < | Total | Live | estock |
| <u> </u> | - | + | | - | | | + | | | = | | | |
| d) Indicate use | of all farmla | and you o | wn, rent and lease in | the table | e belov | v. | | | | | | | |
| Annual Crop Acres Tame Forage Acres | | | Native Forage Acres | 1 | | iculture/ Other Acres Tota ouse Acres | | | tal A | cres | | | |
| | | + | | - | | | + | | | = | | | |





Control

PART C - PROJECT INFORMATION

Refer to the Beneficial Management Practice Descriptions to complete this section (Part C).

Note: ONE Beneficial Management Practice (BMP) Category per Application Form.

| 1. | Check ONE beneficial Management Practice (BMP) Category: | | | | | | | |
|----|--|------------------------------|--|------------------------------|--|--|--|--|
| | | Product and Waste Management | | Invasive Alien Plant Species | | | | |

Preventing Wildlife Damage Riparian Area Management Erosion Control Structures (Riparian) **Nutrient Management Planning**

Irrigation Managment Grazing Management Planning

Shelterbelt Establishment Riparian Health Assessment

2. Refer to the specific BMP Project selected in Point 1 above to complete the table below.

a) Project Work and Funding Requested

| No. | Practice Code | Description of Eligible Items (includes inkind labour and equipment) | Estimated Cost of Eligible Items | |
|-----|---------------|--|-------------------------------------|--|
| 1. | | | \$ | |
| 2. | | | \$ | |
| 3. | | | \$ | |
| 4. | | | \$ | |
| 5. | | | \$ | |
| 6. | | | \$ | |
| | | Total Estimated Cost of Eligible Items | \$ | |
| | | | / ¬/ | |

Category Cost Share (□ 30% or □ 50%)

Total Eligible Program Funding Before Category Cap (Multiply A x B) (C)

> **Category Cap** (D)

(A)

(B)

(F)

Total Eligible Program Funding (lesser of C or D) (E)

b) Other Sources of Funding

| Provincial Government Funding (Please List Name of Department or Agency Below if Applicable) | |
|--|----|
| | \$ |
| | \$ |
| Total Provincial Government Funding | \$ |

Funding from Other Sources (Please List Name of Organization Below if Applicable) \$ \$

> **Total Funding from Other Sources** (G)

Applicant's Contribution to the Project (H)

Total Estimated Project Cost (E+F+G+H) (I)

| | | | | | | File | Numbe | (Office U | se) | |
|------------------|--|---|----------|--------|----------|--------------------------|----------|--------------------|--------------|---------------|
| c) 3. | Expected Project Comp Project Location | letion Date: | | | | | | | | |
| | Municipality/Municipal ct/County Name | Project: Legal Land Description of Project: Quarter Section or Parcel of Land (eg. District or Parish Lot) | LSD | QTR | SEC | TWP | RGE | MER | OTHER | |
| a) | | ng the approximate location of the project such as: (Use separate | | | | | | nd inclu | ide any | |
| | Farmyard features (build build bu | rrals, manure storage) er supplies ut (fences) scape features | | W | | - - - - | | - - - | | _ _ _ E |
| b) | Indicate the scale of you One square within diagra | r diagram. am = a | cres | | | _ _ | | - | _ | |
| c) | Indicate the approximate | e distance from the proposed pro | oject to | the ne | earest n | natural | water b | S oody | met | es. |
| d) | What are the dimensions | s of the proposed project (in met | res) ? L | ength | | W | /idth | | Height | |
| 4. a) | will be used to carry out | be in detail how the project will be the practice. Also, provide designte who will do the work, (eg. self | n inforr | nation | , such a | as mat | erials a | nd equi | pment | ed). |
| | | | | | | | | | | |
| | | | | | | | | | | |
| b) | Have you received techr If yes, list organization | nical support for your project? | ☐ yes | □r | 10 | | | | | |
| PAR [.] | Γ D – EQUITABLE ARR | ANGEMENT WITH LANDOV | VNER | (Sele | ct ON | E of th | ne folle | owing) | | |
| a) | My project does not dire | ctly impact any land. | | | | | | | | |
| b) | I am the owner of the lar | nd on which the project is to be in | mpleme | ented. | | | | | | |
| C) | I am not the owner of the | e land on which the project is to | be impl | ement | ed and | l I have | discus | sed the | project with | |
| | | | | | | | | , | who owns the | and. |

(Name of Landowners)

File Number (Office Use)

PART D - DECLARATION AND SIGNATURE(S)

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 with this application.

I/We authorize employees of the Government of Canada or its 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 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 to use the information contained within this application for other environmental programs administered by Agriculture and Agri-Food Canada.

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 Goods and Services Tax Number (GST) 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 and the Access to Information Act of Canada. 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, Territorial and Municipal laws and regulations, including, but not limited to, the Federal, Provincial and Territorial environmental assessment and protection acts, trade agreements and legislation acts, and zoning bylaws, on 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 (NFSP).

I/We have declared any amounts owing to the Government of Canada under any legislation, and/or any contribution agreement. I/We acknowledge that any amounts due to the Recipient pursuant to this Application may be set-off against any such amounts owing to the Government of Canada.

CORPORATIONS, COOPERATIVES and INDIAN BANDS

Applications must be signed by authorized signing officer(s) with accompanying certified signature resolution or corporate seal and/or copy of Band Council Resolution.

TRUSTEES

Power of Attorney or Court Order must be attached if signed on behalf of another person.

ESTATE APPLICATIONS

Exectutor(s) or Administrator(s) must sign the application, and must clearly note their signature: "Executor for the Estate of J. Doe", or "Administrator for the Estate of J. Doe".

HAVE YOU ENCLOSED?

| You must enclose a copy a copy of your Statement of Completion Certificate – Environmmental Farm |
|---|
| Planning (EFP) or Statement of Completion Certificate - Equivalent Agri-Environmental Planning (EAEP) |

| PLEASE PRINT NAME | SIGNATURE | DATE |
|-------------------|-----------|------|
| | | |
| | | |
| | | |

FOR ASSISTANCE IN COMPLETING THIS APPLICATION PLEASE CALL:

1-800-667-8567

MAIL SIGNED ORIGINAL APPLICATION TO: National Farm Stewardship Program (NFSP) 408–1800 Hamilton Street Regina, Saskatchewan S4P 4L2 Canada