



CANADA-SASKATCHEWAN FARM STEWARDSHIP PROGRAM (CSFSP) FOR APPLICATION YEAR 2011-12

The project application must be submitted for approval. Additional design criteria may be requested.

FOR ASSISTANCE IN COMPLETING THIS APPLICATION, PLEASE CONTACT THE LOCAL PCAB PROGRAM REPRESENTATIVE. If unknown, contact PCAB at 1-866-298-7222 or visit www.saskpcab.com

Form with fields: EFP #, Application Number (Office use only), Date Received by Rep (Office Use Only), AEGP # (if applicable), Date Received by Office (Office Use Only)

PART A - APPLICANT INFORMATION (please print in ink)

Form with fields: Farm Operation Name (Legal Entity), Signing Authority Name, Mailing Address, City/Town/Village, Province, Country, Postal Code, E-mail Address, Rural Municipality #, Legal Land Description of Residence: Quarter Section or Parcel of Land, LSD, QTR, SEC, TWP, RGE, MER, OTHER, First Contact Number, Second Contact Number, Facsimile Number

PART B - EQUITABLE ARRANGEMENT WITH LANDOWNER (Select ONE of the following)

- a) My project does not directly impact any land.
b) I am the owner of the land on which the project is to be implemented.
c) I am not the owner of the land on which the project is to be implemented and I have discussed the project and received permission with (Name of Landowners), who owns the land.

PART C - FARMING OPERATION

a) Check the box that best describes your farming operation:

- Crop
Livestock
Horticulture/Greenhouse
Mixed
Other Specify

b) If applicable, indicate total number of acres under irrigation:

c) If applicable, indicate the number of livestock in the table below:

Table with columns: Beef, Dairy, Hogs, Poultry, Sheep, Other (specify), Total Livestock

d) Indicate use of all farmland you own, rent and lease in the table below

Table with columns: Annual Crop Acres, Tame Forage Acres, Native Forage Acres, Horticulture/ Greenhouse Acres, Other Acres, Total Acres

**PART D - PROJECT PROPOSAL INFORMATION**

A separate application must be submitted for each individual project.

Refer to the Beneficial Management Practices (BMP) brochure or guidelines to complete this section (Part D).

**1 Check ONE BMP category**

Up to \$50,000 of funding per farm unit is available from the following list of BMPs for CSFSP. Funding caps in each category apply.

- Relocation of Livestock Confinement Facilities (101)
- Fencing to Protect the Environment (201)
- Fencing to Prevent Damage by Wildlife (202)
- Utilizing Portable Windbreaks and Shelters (301)
- Remote Water Systems (302)
- Farmyard Runoff Control (401)
- Manure Storage Improvements (501)
- Manure Storage Increases (601)
- Manure Application Equipment and Technologies (701)
- Manure Nutrient Planning (702)
- Modifying and Revegetating Waterways (801)
- Planting Vegetation to Protect Riparian (streambank and shoreline) Areas (901)
- Improved Stream and Creek Crossings (902)
- Protecting Marginal High Risk Soils (1101)
- Shelterbelt Establishment (1601)
- Decommissioning Abandoned Wells (1001)
- Protecting Existing Wells (1002)
- Agricultural Product's Safe Storage and Handling (1201)
- Agricultural Waste's Safe Storage and Handling (1202)
- Pesticide Application Systems (Drift Reduction Technology) (1301)
- Information Collection and Monitoring (1302)
- Integrated Pest Management for Insect, Vertebrates and Non-vertebrate pests (1303)
- Integrated Pest Management for Invasive Plants (1304)
- Native Plant Re-establishment (1305)
- Integrated Pest Management Planning (1306)
- Irrigation Equipment Modification (1401)
- Irrigation Management Planning (1402)
- Low Disturbance Placement of Seed and Fertilizer (1501)
- Chaff Collectors and Chaff Spreaders (1502)
- Precision Farming Applications - GPS (1503)

**2 Project Details**

a) What method of management and/or equipment are you currently using? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) What method of management and/or equipment are you proposing to implement or purchase?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c) How will the implementation of this activity or purchase benefit the environment or help address the environmental issue? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d) What identified risk from your Environmental Farm Action Plan are you addressing?  
\_\_\_\_\_

e) Have you applied for funding for this project in the past? If so, when and under what program?  
\_\_\_\_\_  
\_\_\_\_\_

### 3 Project Location

Rural Municipality #	<b>Project Location</b> : Legal Land	LSD	QTR	SEC	TWP	RGE	MER	OTHER
	Description of Project: Quarter Section or Parcel of Land							

a) Indicate the approximate distance from the proposed project to the nearest surface water source ( where appropriate)

_____	m	km	(circle one)	or	ft	miles	yd	(circle one)
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Surface water means:

- 1) A natural or artificial channel that carries water continuously throughout the year, or intermittently, and does not have established vegetation within the bed of the channel except vegetation dominated by water loving plants
- or 2) a lake, reservoir, pond or sinkhole.

The following are not surface water:

- 1) Grassed waterways;
- 2) Temporary channels for surface drainage, such as furrows or shallow channels that can be tilled and driven through;
- 3) Rock chutes and spillways;
- 4) Roadside ditches that do not contain a continuous or intermittent stream;
- 5) Temporarily ponded areas that are normally farmed;
- 6) Artificial bodies of water intended for the storage, treatment or recirculation or runoff from farm-animal yards and manure storage.

b) What is the footprint or dimension of the proposed project? Length-\_\_\_\_\_ Width-\_\_\_\_\_ Height-\_\_\_\_\_ (metres or feet)  
or Acres-\_\_\_\_\_

**c) If this project involves more than one legal land location, please list the land locations and indicate the project description and dimensions as well as the distance to a water source.**

**Example:**

<b>RM #</b> 344	<b>Project Description &amp; dimension</b> ie: 1 mile of cross fence	LSD	QTR NW	SEC 5	TWP 25	RGE 22	MER 3	<b>Distance to water source</b> ie: 50M
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<b>RM #</b>	<b>Project Description &amp; dimension</b>	LSD	QTR	SEC	TWP	RGE	MER	<b>Distance to water source</b>
<b>RM #</b>	<b>Project Description &amp; dimension</b>	LSD	QTR	SEC	TWP	RGE	MER	<b>Distance to water source</b>
<b>RM #</b>	<b>Project Description &amp; dimension</b>	LSD	QTR	SEC	TWP	RGE	MER	<b>Distance to water source</b>
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<b>RM #</b>	<b>Project Description &amp; dimension</b>	LSD	QTR	SEC	TWP	RGE	MER	<b>Distance to water source</b>
<b>RM #</b>	<b>Project Description &amp; dimension</b>	LSD	QTR	SEC	TWP	RGE	MER	<b>Distance to water source</b>

d) Other Notes

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**PART E - DECLARATION AND SIGNATURES**

**CERTIFICATION**

By submitting this application, the authorized signing Authority hereby certifies to Canada that the information contained in the application and supporting documentation is true and complete in all respects.

I acknowledge that under no circumstances may the federal cost-share be used to support expansion of livestock/production capacity; and approved projects are only to be used for the sole purpose as intended (i.e. no multiple use).

I have read and understand the terms and conditions attached to this form and commit to abiding fully to them.

Authorized Signing Authority of farm operation (from part A). Please Print

\_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Project Application has been reviewed and is considered complete. The applicant has a deemed appropriate Canada-Saskatchewan Environmental Farm Action Plan and/or is part of an Agri-Environmental Group Plan

AEGP Technician (if applicable): (print)

\_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

PCAB Program Representative: (print):

\_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Project Application has been reviewed and deemed to be complete. Approval may now be authorized.

PCAB Project/Claims Reviewer

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**FOR MORE INFORMATION CONCERNING THE PROGRAM OR TO FIND OUT WHICH PROGRAM REP TO MAIL YOUR APPLICATION TO, PLEASE CALL PCAB'S TOLL-FREE NUMBER AT 1-866-298-7222**

**PCAB STRONGLY ENCOURAGES PRODUCERS TO MAKE A COPY OF THE APPLICATION FOR THEIR OWN RECORDS**

**PLEASE NOTE: Applications take 6-8 weeks to process once they are received by head office.**

**PLEASE ALSO NOTE: This is an application, not a claim form. A claim form will be provided to you when you receive approval of this application.**

**The claim form must then be submitted with original invoices for final payment.**



**AUTHORIZATION TO DISCLOSE INFORMATION / RECORDS**  
**FOR THE CANADA-SASKATCHEWAN FARM STEWARDSHIP PROGRAM**  
**("CSFSP")**

I/We, \_\_\_\_\_ (*print full name*), of \_\_\_\_\_ (*print mailing address*), Saskatchewan, being an applicant(s) for benefits under the Canada-Saskatchewan Farm Stewardship Program ("CSFSP"), the Saskatchewan version of the National Farm Stewardship Program ("NFSP") previously delivered by Agriculture and Agri-Food Canada hereby authorize the Minister of Agriculture and Agri-Food ("the AAFC Minister"), the administrators of the NFSP, and any of the AAFC Minister's departmental employees to disclose and to provide to the Saskatchewan Ministry of Agriculture and to its program delivery service provider, the Provincial Council of Agriculture Development and Diversification Boards Inc. ("PCAB"), any and all information and / or records provided by me / us to the AAFC Minister and / or the NFSP administration in support of my / our application for NFSP benefits in respect of all project application(s) submitted by me / us, together with the amount(s) of NFSP benefits paid to me / us for such projects. I / We understand and agree that the NFSP information and records are requested by and shall be used for the purpose of enabling the Saskatchewan Ministry of Agriculture and PCAB to assess my / our eligibility for benefits under the Canada-Saskatchewan Farm Stewardship Program ("CSFSP") being delivered by the Saskatchewan Ministry of Agriculture and PCAB.

And this shall stand as full and sufficient consent authority for such disclosure.

Dated at \_\_\_\_\_, in the Province of Saskatchewan, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**Applicant Signature**

OR

\_\_\_\_\_  
**Name of Corporation**

*Corporate Seal*

Per: \_\_\_\_\_  
**Director / Officer**

.....

I **DO NOT** wish to receive any funds from the Canada-Saskatchewan Farm Stewardship Program ("CSFSP").

\_\_\_\_\_  
**Applicant Signature**



## TERMS AND CONDITIONS

For the purpose of this application, the Applicant hereby declares that I/We:

1. Understand that Social Insurance Numbers (SIN), Saskatchewan Corporate Registry Entity Numbers, GST Registration Numbers, Federal Corporation or Trust Numbers, and Partnership Numbers are collected under the authority of the *Income Tax Act* for the purpose of reporting income;
2. Understand that failure to comply with all the program requirements may delay processing of the application or render me/us ineligible for assistance under the program;
3. Agree that I/we will be responsible for ensuring the technical and structural adequacy and legal requirements of this project;
4. Understand that the Project Application form(s) and supporting material submitted to the Government of Saskatchewan will be subject to the federal *Access to Information Act* and the provincial *Freedom of Information and Protection of Privacy Act*;
5. Understand that any notice regarding this application shall be sufficiently given by regular mail, postage prepaid and mailed in a Canadian post office addressed to the respective parties or to any other address as may be designated in writing by the parties, and the date of receipt of any notice by mailing shall be deemed conclusively to be seven (7) days after the mailing;
6. Certify that no other Project Application has been made or will be made under this program or any similar program in another province, with respect to the same eligible benefits as declared on this Project Application;
7. Authorize provincial or federal employees or workers, Provincial Council of ADD Board employees or workers, or their designated representatives, to enter the premises identified on the Project Application, or any other premises where eligible benefits have been utilized, for inspection and/or audit purposes;
8. Authorize and consent to the disclosure and use of the information on the Project Application for the purpose of general analysis on an aggregate basis as long as individual confidentiality is maintained, or for the purpose of complying with the federal *Access to Information Act* and the provincial *Freedom of Information and Protection of Privacy Act*;
9. Authorize the release of any information to the program administrators relating to my/our farming or business operations from any government ministry, agency, or third party, for the purpose of verifying information under this Project Application;
10. Authorize the Government of Saskatchewan to request information from any federal or provincial government ministry or agency, or from any third party, and to disclose any information contained in this Project Application or pertaining to payment, to such ministry, agency, or third party, for the purpose of administering the program;
11. Authorize any ministry, agency or third party mentioned above, who is requested to verify or provide information, to disclose that information to the Government of Saskatchewan;
12. Authorize the Government of Saskatchewan to disclose information relating to my Project Application or payment(s) received to any review committee that may be established for the purposes of this program, in the event that a review is requested;
13. Agree that none of Canada, nor the Province of Saskatchewan, nor the Saskatchewan Ministry of Agriculture, nor the Provincial Council of ADD Boards, nor any of their respective officers, agents, employees, members, third party agents or representatives shall be liable to any applicant for any damage or loss whatsoever, or howsoever arising, including but not limited to, damage or loss arising from any advice, opinion, representation, warranty or the provision of information pursuant to this program, without limitation, whether such acts or omissions be negligent or not;
14. Accept that in accordance with the federal and provincial *Financial Administration Acts*, payment is subject to monies having been appropriated by Parliament and the Saskatchewan Legislative Assembly;
15. Understand that I/we must disclose in this Project Application for funding, all proposed sources of funding, including sources and amounts from federal, provincial or municipal governments, conservation groups and private organizations, including in-kind contributions, for the duration of this project;

16. Understand that the total funds from federal and provincial and any other cost-share sources do not exceed the cap established by the government partners;
17. Understand that in the event of default, the Government of Saskatchewan reserves the right to terminate the agreement and take any lawful remedy that is deemed appropriate. Notwithstanding anything else provided in this clause, the Government of Saskatchewan may not terminate this Agreement unless the Government of Saskatchewan has served written notice to the Recipient of the event of default and the Recipient has failed to remedy the default within a period of thirty (30) days from the date that the written notice was served on the Recipient. At the expiration of the thirty (30) days, the Government of Saskatchewan may terminate the Agreement and pursue any remedy provided for at law or under this Agreement if the Government of Saskatchewan deems that the Recipient has not remedied the event of default in a satisfactory manner;
18. Understand that prior to commencing a project which requires any authorization from any public authority or agency, to obtain the appropriate authority/approval from that authority or agency;
19. Will observe and abide by all applicable federal, provincial/territorial and municipal laws and regulations and lawful orders of regulatory authority including, but not limited to, federal and provincial/territorial environmental assessment and protection acts, trade agreements and acts, zoning bylaws and regulations on public health and safety;
20. Will upon completion of the project, provide the Government of Saskatchewan or its representative or agent with financial statements, records and invoices detailing eligible costs, including in-kind contributions as prescribed by the Government of Saskatchewan or its representative or agent;
21. Will retain records of project costs for three (3) years after the termination date of the contribution agreement for audit purposes and make such records available for inspection by the Government of Saskatchewan or its representative or agent;
22. Understand that the maximum allowable contribution from the federal, provincial/territorial and municipal governments will not exceed one hundred (100) per cent on a per project basis and on a per applicant basis over the life of the program;
23. Have not knowingly submitted any false or misleading information, and that the information given on this Project Application is true and correct in every respect;
24. Understand that the provision of inaccurate or misleading information may constitute an offence under the Criminal Code. In addition, any factual misrepresentation or breach of condition of this program shall result in the termination of benefits and civil liability may arise and the Government of Saskatchewan may request repayment of any monies paid to me/us under the program;
25. Understand and agree to the conditions of the Program.

**CANADA-SASKATCHEWAN FARM STEWARDSHIP PROGRAM (CSFSP)  
APPLICATION CHECKLIST**

Complete Parts A, B & C	<input type="checkbox"/>
Select BMP from list in Part D and provide necessary project details, project location and map if applicable	<input type="checkbox"/>
Provide project funding request information and submit copies of available estimates ( <b>please do not submit original receipts with application</b> )	<input type="checkbox"/>
Clearly print, sign & date Part E	<input type="checkbox"/>
Complete AAFC "Authorization to Disclose Information" form.  <b>NOTE:</b> Please ensure the name in the I/We blank exactly matches the name shown on your Certificate of Endorsement AND the address blank includes the full mailing address (eg. PO Box, Town, Postal code)	<input type="checkbox"/>
Attach a copy of your Certificate of Endorsement to application	<input type="checkbox"/>
Make photocopy of entire application for your records	<input type="checkbox"/>
Mail completed application to your local Program Representative	<input type="checkbox"/>

**CHECKLIST DOES NOT NEED TO BE SUBMITTED WITH APPLICATION**