



PWCP Application Process

1. Fill out this application form and appropriate BMP form(s).
2. Ensure Professional Assessment Form (PAF) is completed and attached.
3. Attach any quotes or invoices.
4. Submit application package (steps 1-3)
5. If approved, complete project and submit paid invoices alongside proof of payment (receipt, front/back of cashed cheque). All invoices must be dated no later than March 31st, 2027; and dated no earlier than February 1st 2025.
6. All WIWD projects must be completed by December 31st 2026, with all documentation & photos submitted by that date.
7. Once project is completed and all documents have been submitted, the WIWD will forward the final Landowner Agreement for review and signature.

- To be eligible, applicants must own/lease land within the eligible sub-district(s) of the Watershed District.
- Leased land requires written landowner permission.

Send Applications to:

Mail: Box 732, 9 Main St. Lundar, MB R0C1Y0
Phone: (204)-762-5850
Fax: (204)-762-5862
Email: technican@wiwd.ca

SECTION 1: CONTACT INFORMATION			
First Name	Middle Initial	Last Name	
Email Address	Do you consent to be contacted electronically for the purpose of AGR1-1 Tax slips?		Yes No
Home Farm Location (Legal Land Description)	Total Farm Acres		
Mailing Address (Street or PO Box)	Village/ City/ Town	Postal Code	Phone Number
SECTION 2: SELF DECLARATION			
Do you identify with an underrepresented group?	Yes	No	Decline to Answer
If you said yes, please select all groups that you identify with:			
Person with disabilities	French speakers	Indigenous people	Women
Visible minorities	Young farmers (<40 yrs)	LGBTQ2+	



Applicants must fill out the information for **only one** of the applicant types in 'Section 3 – Applicant Type'.

SECTION 3a: APPLICANT TYPE – CORPORATION
*Name (full legal business name)
Business Name:
*Business Number (nine-digit business number, ending in RP0001)
Business Number:

SECTION 3b: APPLICANT TYPE – REGISTERED PARTNERSHIP
*Name (registered partnership name)
Partnership Name:
*Business Number (nine-digit business number, ending in RZ0001)
Business Number:

SECTION 3c: APPLICANT TYPE – INDIVIDUAL/SOLE PROPRIETOR
*Name (first, middle [optional], last)
Name:
*Social Insurance Number (9 digits)
SIN:



SECTION 4: APPLICANT INFORMATION INSTRUCTIONS

1) Applicant Type

If you are an individual or a sole proprietor*, select Individual as the applicant type. If you are a corporation (incorporated business), select Corporation as the applicant type. If you are a registered business partnership, select partnership as the applicant type.

*A sole proprietorship is an unincorporated business that is owned by one individual; and a sole proprietor pays taxes by reporting income (or loss) on a T1 income tax and benefit return.

2) Home/Farm Location

Provide the Legal Land Description of the home/farm that the operation is based out of i.e. NW-1-1-1-W1.

3) Consent to be Contacted Electronically

Successful applicants who receive funding from PWCP will be issued an AGR-1 Statement of Farm-Support Payments slip by the Manitoba Association of Watersheds (MAW). Applicants can indicate if they wish to receive the AGR-1 slip by email on Page 1. By selecting yes, you are giving MAW consent to send the AGR-1 Statement of Farm-Support Payments slip to you electronically via email. The email you provide will not be used for any other purposes.

4) Social Insurance Number

If you are applying as an individual/sole proprietor, MAW will require your Social Insurance Number to issue the AGR-1 Statement of Farm-Support Payments slip, and for the purposes of tax reporting to the Canada Revenue Agency.

5) Business Number

If you are applying as a corporation or partnership, MAW will require your business number to issue the AGR-1 Statement of Farm-Support Payments slip, and for the purposes of tax reporting to the Canada Revenue Agency (CRA). A CRA program account number has three parts:

- a) The nine-digit Business Number to identify the business.
b) A two-letter program identifier code to identify the program account.
c) A four-digit reference number to identify an individual program account.

Example of a complete business number:



6) Self Declaration

Agriculture and Agri-Food Canada (AAFC) wants to collect better data on the participation of underrepresented and marginalized groups in the On-Farm Climate Action Fund (OFCAF) and requires that all producers respond to the question. Select which groups you identify with or select 'I decline to identify' if you wish to decline.



SECTION 5: DECLARATION

I hereby apply (submit my claim) to the Prairie Watersheds Climate Program (the "Program"), administered by the Manitoba Association of Watersheds (MAW) from and under the Government of Canada's On-Farm Climate Action Fund, for reimbursement of eligible costs in relation to the project (the "Project") described in this application (claim form).

I declare that:

- 1) I am the Applicant or that I am authorized to sign on behalf of the Applicant. I agree that all references to "I", "me" and "my" in this Declaration shall be deemed to read the "Applicant", with the necessary grammatical changes required; and, that by my signature and delivery of this application, including this Declaration, to MAW, I understand I will be legally bound by, and I agree to adhere to, the Program guidelines and policies;
- 2) I am an individual resident in Manitoba, and I am at least 18 years of age / OR I am an authorized signing officer of a corporation, partnership or co-operative, which has its head office in Manitoba and/or carries on business in Manitoba;
- 3) The information included in this application is true and correct in every respect;
- 4) I will provide further information, including records such as original receipts, proof of payments for costs claimed and photos of the Project before implementation and the completed Project, that the Program may reasonably require. In addition, I will inform the Program administration as soon as practicable of any changes to my application information for the purpose of administering this application; and
- 5) I consent to MAW requesting information about me or my Project which will be collected for the purposes of verifying the application (claim form); determining my eligibility for the Program; and verifying that regulatory requirements have been addressed.

I acknowledge that I understand that:

- 1) Funding under the Program is limited, and applications under the Program will be considered on a case-by-case basis, subject to Program eligibility criteria and funding constraints. Not all the activities and costs included within this Application (claim form) may be approved for funding;
- 2) Reimbursements made by MAW pursuant to this application will be considered "farm support payments" as per subject 234(2) of the Income Tax Act (Canada), and accordingly must be reported on the relevant income tax return as income from a farm business and subject to tax;
- 3) The provision of false, misleading, or fraudulent information, or a failure to comply with the policies and guidelines, may result in this application (claim form) being denied and any payments issued declared an overpayment which must be repaid;
- 4) The personal information in this application (claim form) is collected under the authority of, and is protected by, and subject to the provisions of The Freedom of Information and Protection of Privacy Act (FOIP Act) and the federal Privacy Act. MAW will use the information from this form to determine my eligibility for a benefit under this Program. MAW may also use my information for the administration of all other programs delivered by MAW, to advise me about MAW programs and services, for policy and program development and evaluation, and for research and statistical purposes. MAW may share my information with Agriculture and Agri-Food Canada for this program, for policy and program development and evaluation, and for research and statistical purposes;
- 5) If my Application (claim form) is accepted, I will be required to enter into an Agreement which will include, in addition to matters set out above, the following provisions:
 - a. That AAFC, MAW and the designates and affiliates will in no way be liable for any liabilities that I incur in the performance of the work undertaken by me in this project, and that I will indemnify them for all claims related to subject of the project;
 - b. That I will be required to cooperate with MAW in the completion of any audit, evaluation, or survey of the project or of the Program; and
 - c. That MAW or its designated representatives are authorized to enter the premises identified on the application (claim form) or any other premises operated by me to conduct an inspection of the eligible project, when completed, that is subject of this application (claim form).

Applicant Name (Print)	Watershed District Representative Name
Applicant Signature	Watershed District Representative Signature
Date (DD/MM/YYYY)	Date (DD/MM/YYYY)