

ADVANCED GRAZING MANAGEMENT APPLICATION FORM

On-Farm Climate Action Fund

Mailing Information			
First name:	Middle name:	Last name:	
Farm/Business Name:			
Street address:			
Nearest town/community:		Province:	Postal code:
Telephone #:	Email:		

Type of Business	
Please provide your type of business (individual proprietorship, incorporated company, or partnership) and associated business number (Social Insurance Number or Revenue Canada Business Number).	
Type of Business:	Business Number or SIN:

Partnerships	
If you indicated "Partnership" as your type of business in above, please list the partner name(s) and their percent of ownership in the table below.	
Name of all partners	Percent of ownership
Total (must equal 100%):	

Applicant Information (please choose only one)
<input type="checkbox"/> Primary producer <input type="checkbox"/> Indigenous government/Indigenous community/Indigenous group

PLEASE NOTE ANY UNANSWERED QUESTIONS WILL DELAY YOUR APPLICATION

Type of Industry (please choose only one)

<input type="checkbox"/> Oilseed and grain farming	<input type="checkbox"/> Dairy cattle and milk production	<input type="checkbox"/> Beef cattle, including feedlots	<input type="checkbox"/> Other crop farming Please specify:
<input type="checkbox"/> Vegetable farming	<input type="checkbox"/> Hog and pig farming	<input type="checkbox"/> Fruit and tree nut farming	<input type="checkbox"/> Other animal production Please specify:
<input type="checkbox"/> Sheep and goat farming	<input type="checkbox"/> Poultry and egg production	<input type="checkbox"/> Support activities for crop production	<input type="checkbox"/> Support activities for animal production
<input type="checkbox"/> Multiple industries Please specify:			<input type="checkbox"/> Not applicable

Farm Income

<input type="checkbox"/> Sales under \$10,000	<input type="checkbox"/> Sales from \$250,000 - \$499,000
<input type="checkbox"/> Sales from \$10,000 - \$99,999	<input type="checkbox"/> Sales over \$500,000
<input type="checkbox"/> Sales from \$100,000 - \$249,999	<input type="checkbox"/> Unknown or decline to identify

Project Advisor

This application **must be reviewed and signed** by the Certified Grazing Mentor supporting your project. Applications without an advisor signature will be considered incomplete.

Advisor Name:

Advisor Contact	Phone:	Email:
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Advisor Signature:

Project Funding

Have you, or will you, secure any other Provincial and/or Federal Government funding for this project?

Yes or No:

If yes, provide detailed information as indicated below

Source:	Dollar Amount:
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Advanced Grazing Management

Please complete the tables below with as much detail as possible. Please attach your advanced grazing plan and any applicable quotes, plans, grazing charts, etc.

Property ID's	Acreage	OFFICE USE ONLY

Building Permit Number (if applicable): _____

Project Expenses

Complete the table below for purchases of equipment or infrastructure for improved grazing management, pasture overseeding, and advanced grazing management planning.

Project Expenses (i.e. materials, services, labour, equipment, etc.)	Supplier	Estimated cost (less HST)
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total:		\$

OFFICE USE ONLY

Project total value: \$

Project total eligible costs: \$

Please attach your Advanced Grazing Plan to this application.

Advanced Grazing Management Plan

Please complete the following questions and provide the information requested. Use the space given on the next page or attach a summary/project proposal (1-2 pages) to the end of the application form if more space is required.

Your application must be discussed with a Certified Grazing Mentor prior to applying.

Eligibility Questions: Please answer all questions.

Yes No

- | | | |
|--|--------------------------|--------------------------|
| 1. Will the proposed activity occur on land that has previously been used for agricultural production? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you done this activity on these acres in the past? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there any improvements using these activities compared to current standard practice? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered yes to question 3, please describe below the current standard practice on these acres and how the proposed activities will improve it.

Grazing Animal

What kind of grazing animal do you have? _____

Head count? _____

Improved Grazing Management Practices

How many animals per paddock area? _____

How long are animals in a paddock? _____

What is the target forage recovery time? _____

Is the infrastructure needed to do rotational grazing?
(Yes or No) _____

How many Kilometers of fence will be installed? _____

How many strands of fencing will be used? _____

Number of strands in internal fence? _____

Number of strands in perimeter fence? _____

PLEASE NOTE ANY UNANSWERED QUESTIONS WILL DELAY YOUR APPLICATION

Pasture Composition and Improvement

Please note any planned improvements in pasture composition and rationale for species selection.

What pasture crop are you establishing?	_____
What will be the planting date?	_____
What is the seeding rate?	_____
Pasture will be seeded using no till equipment.	_____
What equipment are you using to establish?	_____
What is the goal of this practice?	_____

Additional Information

Use the space below to provide additional information or attach it at the end of the application.

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3. Declarations and Consent to Use Personal Information

Please review each paragraph closely and sign below.

By submitting this form for project funding, I/We:

- understand that personal information on this form is collected under Section 31c of the Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1988 c. F-15.01 as it relates directly to and is necessary for the Agricultural Climate Solutions On Farm Climate Action Fund. It will be used for determining eligible for program assistance and will be shared with the Canada Revenue agency regarding the taxable benefit and Agriculture and AgriFood Canada, regarding program management, claims, audits, and evaluation of this program.
- agree that information provided for purposes of the On Farm Climate Action Fund may be shared with the Canada Revenue Agency as it pertains to any potential taxable benefits, as well as with Agriculture and Agri-Food Canada or its agent regarding claims, audits and evaluations as it relates directly to and is necessary.
- understand that successful applicants will be required to enter into a written agreement with the PEI Federation of Agriculture that provides for cash and/or in-kind contributions at Fair Market Value in accordance with the cost-share ratios identified in the program guidelines as well as additional requirements that are consistent with and reflect the terms, conditions, and objectives of the On Farm Climate Action Fund.
- understand that, if approved, this project will not be eligible for funding from any other On Farm Climate Action Fund providers.
- agree not to use any GHG emissions reductions, avoidances or removals arising from this project to apply for any existing or future federal, provincial, or voluntary offset credit programs if the GHG emission reductions are generated between March 1, 2025 and March 31, 2028.
- agree to participate in an evaluation and/or audit of the program.
- understand that projects funded may be communicated through the PEI Federation of Agriculture's public and social media channels.
- understand that failing to comply with all application requirements may delay the processing of the application, or may render me ineligible for receiving assistance under the program.
- understand that the Social Insurance Number, Business Number and/or Charity Registration Number is collected under the authority of the Income Tax Act for the purposes of reporting income.
- acknowledge that my/our completing this application form and by receiving advice from the PEI Federation of Agriculture or other program delivery agent does not oblige the PEI Federation of Agriculture or other delivery agents to provide funding.

I, _____ certify that the information given on this application is to the best of my knowledge complete, true and accurate.

Name of Applicant/Signing
Officer (please print)

Signature of Applicant/Signing
Officer

Date

4. Demographic Information

Your **Mandatory** response to the following questions will assist in understanding the demographic profile of On Farm Climate Action Fund clients.

Do you identify as	<input type="checkbox"/> Man	<input type="checkbox"/> Woman	<input type="checkbox"/> Gender not listed	<input type="checkbox"/> Prefer not to say
Are you a senior (age 65 or older)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say	
Are you a youth (age 29 or younger)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say	
Do you identify as a person with a disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say	
What is your first language?	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say
Are you proficient in languages other than English or French?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say	
Do you identify as a member of the Island's Acadian community?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say	
Do you identify as a member of an Indigenous group?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say	
Do you identify as a newcomer to Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say	
Do you identify as part of another under-represented group?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say	

Demographic information questions must be answered.

SUBMITTING YOUR APPLICATION

To submit your application, e-mail a signed PDF copy of your completed application to: ofcaf@peifa.ca

Please refer to our website and our OFCAF Program Guidelines for more details on the program and application process at ofcafpei.ca.

Applications may also be submitted via mail to:

PEI Federation of Agriculture
159 Sherwood Road
Suite 100
Charlottetown, PE, C1E 0E5

OFCAF Program Officer Contacts

If you have questions about the program or application, please reach out to one of our program officers.

Meagan Moynagh

Email: mmoynagh@peifa.ca

Phone: 902-368-7289

Rimsha Khan

Email: rkhan@peifa.ca

Phone: 902-368-7289