

## COVER CROPPING 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 <b>type of business</b> (individual proprietorship, incorporated company, or partnership) and <b>associated business number</b> (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 agronomist, Professional Agrologist, or Certified Crop Advisor supporting your project. Applications without a 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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**PLEASE NOTE ANY UNANSWERED QUESTIONS WILL DELAY YOUR APPLICATION**



## Cover Cropping Plan

Please complete the following questions and provide the information requested. Additional information can be attached separately and submitted with your application.

**Eligibility Questions:** Please answer all questions.

**Yes No**

1. Will the proposed activity occur on land that has previously been used for agricultural production?

2. Have you done this activity on these acres in the past?

**Additional questions:** Please answer all questions.

What cover crop are you establishing?

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What will be the planting date?

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What is the seeding rate?

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What equipment are you using to establish the cover crop?

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What method are you using to establish the cover crop?

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What is the goal of the cover crop?

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## Additional Information

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

**PLEASE NOTE ANY UNANSWERED QUESTIONS WILL DELAY YOUR APPLICATION**

### 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](mailto: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](http://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](mailto:mmoynagh@peifa.ca)

Phone: 902-368-7289

**Rimsha Khan**

Email: [rkhan@peifa.ca](mailto:rkhan@peifa.ca)

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