PRINCE EDWARD ISLAND FEDERATION OF AGRICULTURE

On-Farm Climate Action Fund
Project Reporting Form

1. Project Information

Full Name or Farm Name:	
Beneficial Management Practice (BMP) or Activity:	Project Number:

2. Project Activities

Please answer the required questions below and the questions related to your project BMP.

Required for All Projects	**Yes / No**
Were the project activities supported by a P.Ag. or CCA?	◯ ◯
Did you complete the project according to your agreement and all program guidelines?	◯ ◯
Did you attach all invoices, proofs of payment, acreages, and photos?	◯ ◯
Did you conduct planning, technical assessment, soil testing, or mapping activities?	◯ ◯
Did you purchase any equipment approved in your agreement to support BMP activities?	◯ ◯
A. Cover Cropping Projects	
Did you establish a winter cover crop following the growing season of a preceding crop?	◯ ◯
Did you establish a cover crop according to the parameters of the project agreement?	◯ ◯
Did you plow the winter cover crop following its establishment before spring tillage?	◯ ◯
B. Improving Grazing Management Projects	
Did you purchase and install fencing or water infrastructure required for rotational grazing?	◯ ◯
Did you conduct pasture overseeding/no-till seeding to improve pasture composition?	◯ ◯
C. Improving Nitrogen Management Projects	
Did you apply an enhanced efficiency fertilizer, considering 4R and a reduced rate?	◯ ◯
Did you apply a split application of nitrogen fertilizer at a reduced rate?	◯ ◯
Did you increase legumes in rotation to account for N credits?	◯ ◯
Did you apply organic amendments using improved practices outlined in the application?	◯ ◯
Was there a reduction in nitrogen use as a result of this activity?	◯ ◯
Previous N rate: _____ Reduced N rate: _____	

3. Project Changes

Were there any changes made to the work plan from the project agreement? ◯ **Yes** ◯ **No**

If yes, describe those changes and indicate why they were required. If any planned project activities were not completed, please explain why.

4. Project Acreage

Please provide the PIDs and acreage that each project activity was completed on.
If more space is required, attach a list to this report with your supporting documents.

PID	Expected Acres	Actual Acres	BMP / Activity
Total			

5. Supporting Documents

Please include the following supporting documents with this report, plus additional information as required. **All invoices and receipts for all project expenses must be attached to this report.**

Cover Cropping:
- ☐ Photos of established cover crop
- ☐ Seed invoices & receipts

Nitrogen Management:
- ☐ Invoices
- ☐ Receipts
- ☐ Proofs of payment

Rotational Grazing:
- ☐ Invoices
- ☐ Receipts & proofs of payment
- ☐ Labour costs / Hours paid out

6A. Total Project Expenses

Please outline the total farm expenses per BMP/Activity made by the farm for this project.

BMP / Activity	Item	Cash Expense	In-Kind Expense
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
Total		**$**	**$**

6B. Project Finance Discrepancies

Were there any discrepancies between the expected and actual project expenses? ◯ **Yes** ◯ **No**

If yes, please explain:

6C. Total Project Funding

Please outline the total project funding from all sources, including (1) OFCAF funding approved, (2) the total cost of project activities on the farm from Table 6A, and (3) any other government funding.

Funding Contribution	Cash	In-Kind
1. OFCAF project funding	$	—
2. Total farm expenses for the project	$	$
3. Other funding	$	—

7. Results & Feedback

Please provide information about your project outcomes and your feedback on this program.

Will the activities adopted through this project be continued in the future? ◯ **Yes** ◯ **No**

If yes, please note the activities you plan to continue; if not, please note why you will not continue with the activity.

Did you face any challenges during the life of the project? If so, what solutions were implemented? Consider obstacles, delays, budget, and resources leveraged.

Are there any further comments you would like to make regarding the OFCAF program?

8. Ultimate Recipient

Prepared and Certified Accurate by:

Printed Name: _____

Signature: _____

Date: _____

OFFICE USE ONLY

Reviewed by the PEIFA:

Name: _____

Date: _____

This report is required per section 8 of the agreement between the above-noted Ultimate Recipient and the PEIFA.