



CANADA-YUKON FARM STEWARDSHIP PROGRAM (CYFSP) FOR APPLICATION YEAR 2007/08

Application for the Implementation of Environmental Farm Plans (EFP)

Client Number (Office Use)	Project Number (Office Use)	File Number (Office Use)
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PROTECTED ONCE COMPLETED

(Please use ink and print)

I/We prefer future correspondence in: English French

Langue de correspondance préférée : français anglais

PART A - APPLICANT INFORMATION

Applicant Name(s)								
Street and/or Postal Box Address				Check One Box and Indicate Number:				
				<input type="checkbox"/> Social Insurance (of first Applicant listed) _____				
				<input type="checkbox"/> Business Number _____				
				<input type="checkbox"/> GST Number _____				
City/Town/Village	Territory	Country	Postal Code	E-mail Address				
Home Telephone Number ()		Work Telephone Number ()		Cellular Number ()				
Home Facsimile Number ()			Work Facsimile Number ()					
Rural Municipality / Municipal District / County Name	Legal Land Description of Residence: Quarter Section or Parcel of Land (e.g. District or Parish Lot)	LSD	QTR	SEC	TWP	RGE	MER	OTHER
Contact Name (If Different than Applicant Name)								
Telephone Number ()			Cellular Number ()			Facsimile Number ()		

PART B - FARMING OPERATION

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

- Crop Horticulture/Greenhouse Other _____
 Livestock Mixed (Specify)

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

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

Beef	Horses	Hogs	Poultry	Other Livestock	Total Livestock
+	+	+	+	=	

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

Annual Crop Acres	Tame Forage Acres	Native Forage Acres	Horticulture/ Greenhouse Acres	Other Acres	Total Acres
+	+	+	+	=	

PART C - PROJECT INFORMATION

Refer to the *Beneficial Management Practice (BMP) Descriptions* to complete this section (Part C).

Note: **ONE** BMP Category per Application Form.

1. Check ONE BMP Category:

- | | | |
|--|--|--|
| <input type="checkbox"/> Improved Manure Storage and Handling (01) | <input type="checkbox"/> Wintering Site Management (07) | <input type="checkbox"/> Irrigation Management (18) |
| <input type="checkbox"/> Manure Treatment (02) | <input type="checkbox"/> Product and Waste Management (08) | <input type="checkbox"/> Invasive Alien Plant Species Control (20) |
| <input type="checkbox"/> Manure Land Application (03) | <input type="checkbox"/> Riparian Area Management (10) | <input type="checkbox"/> Preventing Wildlife Damage (23) |
| <input type="checkbox"/> In-Barn Improvements (04) | <input type="checkbox"/> Improved Cropping Systems (14) | <input type="checkbox"/> Nutrient Management Planning (24) |
| <input type="checkbox"/> Farmyard Runoff Control (05) | <input type="checkbox"/> Cover Crops (15) | <input type="checkbox"/> Irrigation Management Planning (29) |
| <input type="checkbox"/> Relocation of Livestock Confinement and Horticultural Facilities (06) | <input type="checkbox"/> Improved Pest Management (16) | |

2. Refer to the specific BMP Project selected in Point 1 above to complete the table below.

a) Project Work and Funding Requested

No.	Practice Code	Description of Eligible Items (Includes in-kind labour and equipment)	Estimated Cost of Eligible Items
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
Total Estimated Cost of Eligible Items			\$ (A)

Category Cost Share (30% or 50%) (B)

Total Eligible Program Funding Before Category Cap (Multiply A x B) \$ (C)

Category Cap \$ (D)

Total Eligible Program Funding (Lesser of C or D) \$ (E)

b) Other Sources of Funding

Provincial Government Funding (Please List Name of Department or Agency Below if Applicable)	
	\$
	\$
Total Provincial Government Funding	\$ (F)

Funding From Other Sources (Please List Name of Organization Below if Applicable)	
	\$
	\$
Total Funding From Other Sources	\$ (G)

Applicant's Contribution to the Project \$ (H)

Total Estimated Project Cost (E+F+G+H) \$ (I)

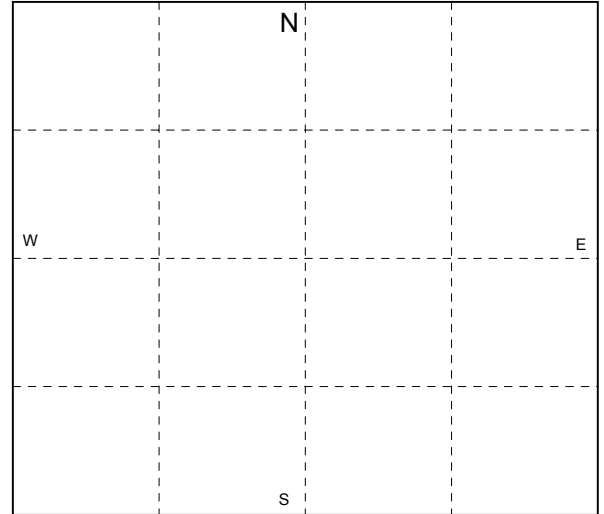
c) Expected Project Completion Date: _____

3. Project Location

Rural Municipality / Municipal District / County Name	Project: Legal Land Description of Project: Quarter Section or Parcel of Land (e.g. District or Parish Lot)	LSD	QTR	SEC	TWP	RGE	MER	OTHER

a) Provide a sketch showing the approximate location of the project elements, if applicable, and include any features that relate to the project such as: (Use separate sheet if more space is required.)

- Farmyard features (buildings, fuel tanks, etc.)
- Livestock facilities (corrals, manure storage)
- Water bodies and water supplies
- Roads and trails
- Field and pasture layout (fences)
- Unique soils and landscape features
- Direction of runoff
- Utility lines (telephone, power, gas)



b) Indicate the scale of your diagram.
 One square within diagram = _____ acres

c) Indicate the approximate distance from the proposed project to the nearest water body: _____ metres.

d) What is the footprint or dimension of the proposed project (metres)? Length - _____ Width - _____ Height - _____

4. Project Details

a) Use this space to describe in detail how the project will be implemented. Explain the steps or processes that will be used to carry out the practice. Also, provide design information, such as materials and equipment used to do the work. State who will do the work, (e.g. self, contractor). (Use separate sheet if more space is required.)

b) Have you received technical support for your project? Yes No
 If yes, list organization _____

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

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

PART E - DECLARATION AND SIGNATURE(S)

I/We hereby declare that the information provided in this application is true and correct in every respect.

I/We certify that I/We have reached the full age of 18 years or more.

I/We have read and agree to the Terms and Conditions provided with this application.

I/We authorize employees of the Government of Canada or its agents to use data relating to my/our farming operation to verify this application, and to inspect my/our farm operation and/or records as they pertain to this program.

I/We understand that the information provided on this document is collected by Agriculture and Agri-Food Canada under the authority of the National Farm Stewardship Program (NFSP) for the purpose of taking action to reduce identified environmental risk.

I/We authorize the Government of Canada to use the information contained within this application for other environmental programs administered by Agriculture and Agri-Food Canada.

I/We authorize and consent to the disclosure and use of the attached information for the purpose of general analysis on an aggregate basis as long as individual confidentiality is maintained.

I/We understand that the Social Insurance Number (SIN), Business Number (BN), or Goods and Services Tax Number (GST) is collected under the authority of the *Income Tax Act* for the purpose of reporting income. I/We understand that information provided on this form is subject to the provisions of the *Privacy Act* and the *Access to Information Act of Canada*. Information will be stored in the Environmental Stewardship Programs Personal Information Bank.

I/We also understand that failure to comply with all the application requirements may delay processing of the application or render me/us ineligible for assistance under the program.

I/We agree that I/we will be responsible for ensuring the technical and structural adequacy and legal requirements of this project.

I/We will observe and abide by all applicable Federal, Provincial, Territorial and Municipal laws and regulations, including, but not limited to, the Federal, Provincial and Territorial environmental assessment and protection acts, trade agreements and legislation acts, and zoning bylaws, on regulations and public health and safety.

I/We have reached an equitable arrangement with the landowner, if applicable, and accept all liability and responsibility for any claim such landowner may assess as the result of a project constructed with the assistance of funding received from the National Farm Stewardship Program (NFSP).

I/We have declared any amounts owing to the Government of Canada under any legislation, and/or any contribution agreement. I/We acknowledge that any amounts due to the Recipient pursuant to this Application may be set-off against any such amounts owing to the Government of Canada.

CORPORATIONS, COOPERATIVES and INDIAN BANDS

Applications must be signed by authorized signing officer(s) with accompanying certified signature resolution or corporate seal and/or copy of Band Council Resolution.

TRUSTEE

Power of Attorney or Court Order must be attached if signed on behalf of another person.

ESTATE APPLICATIONS

Executor(s) or Administrator(s) must sign the application, and must clearly note near their signature: "Executor for the Estate of J. Doe"; or "Administrator for the Estate of J. Doe".

HAVE YOU ENCLOSED?

You must enclose a copy of your **Statement of Completion Certificate - Environmental Farm Planning (EFP)**.

PLEASE PRINT NAME	SIGNATURE	DATE

FOR ASSISTANCE IN COMPLETING THIS APPLICATION PLEASE CALL:

1 867 667-5838

MAIL SIGNED ORIGINAL APPLICATION TO:

**Canada-Yukon Farm Stewardship Program (CYFSP)
320 - 300 Main Street
PO Box 2703
Whitehorse, Yukon Y1A 2C6
Canada**