

## PART 1: ENROLMENT

Complete your enrolment online at [ontarioprograms.net](http://ontarioprograms.net)

If you are unable to apply online (preferred method), please fill out the enrolment form clearly.

Langue de correspondance préférée : Français

First Name

Last Name

Operating Name of Business/Organization (This is the name under which the business operates)

Legal Name of Business/Organization (Complete name business is registered under)

Same as above or:

Business Email Address

Primary Phone

Address (Line 1)

City

Address (Line 2)

Province

**ONTARIO**

Postal Code

Gross Business Revenue

Under \$10,000	\$10,000 - \$24,999	\$25,000 - \$49,999	\$50,000 - \$99,999	\$100,000 - \$249,999
\$250,000 - \$499,999	\$500,000 - \$999,999	\$1M - \$1.99M	\$2M - \$4.99M	\$5M - \$9.99M
\$10M - \$49.9M	\$50M - \$99.9M	\$100M - \$199M	\$200M and over	

Authorized Signing Authorities

I/We have signing authority for this business

First signing  
authority

First Name

Last Name

Second signing  
authority

First Name

Last Name

Indigenous Partners/Community

Yes No

**Ownership Structure**    Sole Proprietorship    Registered Professional Partnership    Incorporated Business    Cooperative  
 Community or other Not-for-profit    Broader Public Sector

Yes

**My business/organization is certified organic:**    In transition towards organic

No

**PRIMARY COMMODITY - Identify with an 'A'**  
 Commodity contributes to the majority of gross income

**SECONDARY COMMODITY - Identify with a 'B'**  
 Commodity contributes to at least 25% of gross income (if applicable)

**Crop Production**

- Oilseed and Grain (1111)
- Vegetable and Melon Farming (1112)
- Fruit and Tree Nut Farming (1113)
- Food Crops Grown Under Cover (11141)
- Nursery and Floriculture Production (11142)
- Maple Syrup and Products Production (111994)
- Other Crop Farming (1119) (e.g. sugar beets, hay, herbs, spices, mint, hops)

**General Manufacturing**

- Tobacco Manufacturing (3122) (Note cigarette manufacturing is not eligible under CAP)
- Fibre, yarn and thread mills (3131)
- Fabric mills (3132)
- Converted paper product manufacturing (3222)
- Agricultural, construction and mining machinery manufacturing (3331)

**Animal Production**

- Beef Cattle including feedlots (11211)
- Dairy Cattle and Milk Production (11212)
- Hog and Pig Farming (11221)
- Poultry and Egg Production (1123)
- Sheep Farming (11241)
- Goat Farming (112420)
- Aquaculture CAN (112510)
- Apiculture (112910)
- Fur-Bearing Animal and Rabbit Production (112930)
- Horse and Other Equine Production (112920)
- All other Animal Production (including deer, elk and llama) (1129)

**Chemical Manufacturing**

- Other basic organic chemicals manufacturing (325190)
- Pharmaceutical and medicine manufacturing (3254)
- Resin, synthetic rubber, and artificial and synthetic fibres and filaments (3252)
- Pesticide, fertilizer and other agricultural chemicals manufacturing (3253)
- Paint, coating and adhesives manufacturing (3255)
- Other chemical manufacturing (3259)

**Food and Beverage Processing**

- Animal Food Manufacturing (31111)
- Grain and Oilseed Milling (3112)
- Sugar and Confectionary Product Manufacturing (3113)
- Bakeries and Tortilla Manufacturing (3118)
- Fruit and Vegetable Preserving and Specialty Food (3114)
- Dairy Product Manufacturing (3115)
- Meat processing and Meat Product Manufacturing (3116)
- Soft Drinks and Ice Manufacturing (312110)
- Breweries (312120)
- Wineries including alcoholic cider (31213)
- Distilleries (31214)
- Seafood Product Preparation and Packaging (3117)
- Snack Food Manufacturing (31191)
- Coffee and Tea Manufacturing (31192)
- Flavouring Syrup and Concentrate Manufacturing (311930)
- Seasoning and Dressing Manufacturing (31194)
- All Other Food Manufacturing (311990)

**Wholesale and Retail Sales**

- Farm Product Wholesaler-Distributors (4111)
- Food, beverage and tobacco merchant wholesaler (413)
- Machinery, equipment and supplies merchant wholesaler (417)
- Food and beverage stores (445)

**Other**

- Support Activities for Crop Production (115110)
- Support Activities for Animal Production (115210)
- Veterinary Services (541940)
- Electric Power Generation (221119)
- Water supply and irrigation (22131)
- Rail transportation (482)
- Truck transportation (484)
- Warehousing and storage (493)
- Professional, Scientific and Technical Services (9541)
- MULT – Multiple industries

**Farm Business Registration Number (FBRN)**

A Farm Business Registration Number (FBRN) for a qualifying farm business can be received by registering with the OFA, CFFO or NFU-O. This is a five (5) to seven (7) digit number. Farm businesses that earn a gross farm income of \$7,000 or more (for income tax purposes) are required by legislation to register their business.

If you do not have a FBRN, but qualify for an exemption, please select the option below. Further documentation may be required to verify your exemption status.

- Religious exemption
- Cultural exemption

I am a new farmer

**Livestock:** Indicate the approximate number of livestock on the business/organization in the past twelve months.

Beef Cattle	Dairy Cattle	Hogs	Poultry	Other Livestock (incl. description)

**Farmland:** Indicate farmland associated with your business/organization that you own, rent or lease.

Acres Owned (Crop or Pasture)	Acres Owned (Non-Crop or Non-Pasture)	Acres Rented/Leased	Number of Acres Irrigated

# PART 2: APPLICATION FORM

Program Year: 2020-2021

PRODUCER - Lake Erie - Cover Crops (ESIM-LE-B)

For Office Use Only	
Project Category:	
Date Received:	
Op #:	App #:

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## Step 1: Project Location

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Address Line 1	City/Town	Municipality
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Address Line 2	Province <b>ONTARIO</b>	Postal Code
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Conservation Authority

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Premises Identification (PID) Number for the Project Location

**O N**

To obtain a valid premises ID or update your premises ID information, please visit [ontarioPID.ca](http://ontarioPID.ca) or call 1-888-247-4999

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## Step 2: Project Summary and Description

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Project Summary (10 words maximum)

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Project Description – describe your current facility and/or system and the proposed change you are making (100 words maximum):

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## Step 3: Work Plan

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List each activity/key milestone necessary to successfully complete the proposed project, in order of estimated completion date. Attach additional sheets if necessary.

Estimated Project Start Date

Estimated Project End Date

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Date (YYYY/MM/DD)

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Date (YYYY/MM/DD)

Activity/Key Milestone	Estimated Completion Date (YYYY/MM/DD)
1.	
2.	
3.	
4.	
5.	

**Step 4: Cost Information**

Eligible Costs (attach additional pages if necessary)

Cost Item Description (include all goods and services, equipment rentals)	Date Cost to be Incurred (YYYY/MM/DD)	Estimated Amount (\$ CAD)
<b>TOTAL COST</b>		

Eligible In-Kind Costs

(Includes reasonable hours of unpaid labour and/or use of farm business equipment. See the Program Requirements for details)

Description of Activity	Date Cost to be Incurred (YYYY/MM/DD)	Estimated Hours	Hourly Rate	Estimated Amount (Hours x Rate) (\$ CAD)
<b>TOTAL COST</b>				

**Step 5: Other Sources of Funding**

List all other sources of program funding that you expect to receive for the proposed project. DO NOT INCLUDE your own funds (e.g., operating lines, bank loans, credit).

Source of Funding	Amount (\$ CAD)

**Step 6: Project Details for LEADS - Cover Crops (ESIM-LE-B)**

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1. Provide the date of the Farmland Health Check-Up that assessed the fields impacted by the proposed project: \_\_\_\_\_

2. In your Farmland Health Checkup, fields are identified as 1, 2, 3 or unassessed. All acres not assessed in your Farmland Health Check-Up but included in your proposed project must be listed as unassessed acres. Will the proposed project be implemented on field 1?

Yes

No

3. For field 1, provide the Premises Identification (PID) Number: \_\_\_\_\_

4. Your Farmland Health Check-Up rates the risk of specific health challenges on each assessed field. For field 1, select ONE challenge that will be addressed by the proposed project:

Water Erosion

Wind Erosion

Tillage Erosion

Surface Structure

Subsurface Compaction

Soil Life

Soil Chemistry

Organic Matter

Phosphorus

Pollinator Health

5. For field 1, what rating was given in your Check-Up for the Farmland Health Challenge identified above? (Select one)

Poor

Fair

Good

Best

6. For field 1, how many acres of cover crops will be planted? \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**FBRN:** \_\_\_\_\_

7. For field 1, what cover crop species will be planted? (Check all that apply)

Red clover

Tillage radish

Oilseed radish

Oats

Rye

Other legume

Other grass, specify: \_\_\_\_\_

Other broadleaves, specify: \_\_\_\_\_

8. For field 1, what is the timing of cover crop planting?

Spring – pre-plant

Spring – inter-seeded

Summer – inter-seeded

Summer – post-harvest

Fall – inter-seeded

Fall – post-harvest

9. For field 1, what method of planting will be used? (i.e., Broadcast – not incorporated, Broadcast – incorporated, Drill or Planter)

Broadcast – not incorporated

Broadcast - incorporated

Drill

Planter

**Full Name:** \_\_\_\_\_

**FBRN:** \_\_\_\_\_

10. For field 1, what crop are you planting your cover crop into or after? (Select one)

Corn

Soybeans

Wheat

Other, specify: \_\_\_\_\_

11. Will the proposed project be implemented on field 2?

Yes

No

12. For field 2, provide the Premises Identification (PID) Number: \_\_\_\_\_

13. For field 2, select ONE challenge that will be addressed by the proposed project:

Water Erosion

Wind Erosion

Tillage Erosion

Surface Structure

Subsurface Compaction

Soil Life

Soil Chemistry

Organic Matter

Phosphorus

Pollinator Health

14. For field 2, what rating was given in your Check-Up for the Farmland Health Challenge identified above? (Select one)

Poor

Fair

Good

Best

15. For field 2, how many acres of cover crops will be planted? \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **FBRN:** \_\_\_\_\_



16. For field 2, what cover crop species will be planted? (Check all that apply)

Red clover

Tillage radish

Oilseed radish

Oats

Rye

Other legume

Other grass, specify: \_\_\_\_\_

Other broadleaves, specify: \_\_\_\_\_

17. For field 2, what is the timing of cover crop planting?

Spring – pre-plant

Spring – inter-seeded

Summer – inter-seeded

Summer – post-harvest

Fall – inter-seeded

Fall – post-harvest

18. For field 2, what method of planting will be used? (i.e., Broadcast – not incorporated, Broadcast – incorporated, Drill or Planter)

Broadcast – not incorporated

Broadcast - incorporated

Drill

Planter

**Full Name:** \_\_\_\_\_

**FBRN:** \_\_\_\_\_

19. For field 2, what crop are you planting your cover crop into or after? (Select one)

Corn

Soybeans

Wheat

Other, specify: \_\_\_\_\_

20. Will the proposed project be implemented on field 3?

Yes

No

21. For field 3, provide the Premises Identification (PID) Number: \_\_\_\_\_

22. For field 3, select ONE challenge that will be addressed by the proposed project:

Water Erosion

Wind Erosion

Tillage Erosion

Surface Structure

Subsurface Compaction

Soil Life

Soil Chemistry

Organic Matter

Phosphorus

Pollinator Health

23. For field 3, what rating was given in your Check-Up for the Farmland Health Challenge identified above? (Select one)

Poor

Fair

Good

Best

24. For field 3, how many acres of cover crops will be planted? \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **FBRN:** \_\_\_\_\_

25. For field 3, what cover crop species will be planted? (Check all that apply)

Red clover

Tillage radish

Oilseed radish

Oats

Rye

Other legume

Other grass, specify: \_\_\_\_\_

Other broadleaves, specify: \_\_\_\_\_

26. For field 3, what is the timing of cover crop planting?

Spring – pre-plant

Spring – inter-seeded

Summer – inter-seeded

Summer – post-harvest

Fall – inter-seeded

Fall – post-harvest

27. For field 3, what method of planting will be used? (i.e., Broadcast – not incorporated, Broadcast – incorporated, Drill or Planter)

Broadcast – not incorporated

Broadcast - incorporated

Drill

Planter

**Full Name:** \_\_\_\_\_

**FBRN:** \_\_\_\_\_

28. For field 3, what crop are you planting your cover crop into or after? (Select one)

Corn

Soybeans

Wheat

Other, specify: \_\_\_\_\_

29. Will the proposed project be implemented on an unassessed field?

Yes

No

30. For the unassessed field, provide the Premises Identification (PID) Number: \_\_\_\_\_

31. For the unassessed field, how many acres of cover crops will be planted? \_\_\_\_\_

32. For the unassessed field, what cover crop species will be planted? (Check all that apply)

Red clover

Tillage radish

Oilseed radish

Oats

Rye

Other legume

Other grass, specify: \_\_\_\_\_

Other broadleaves, specify: \_\_\_\_\_

33. For the unassessed field, what is the timing of cover crop planting?

Spring – pre-plant

Spring – inter-seeded

Summer – inter-seeded

Summer – post-harvest

Fall – inter-seeded

Fall – post-harvest

**Full Name:** \_\_\_\_\_

**FBRN:** \_\_\_\_\_

34. For the unassessed field, what method of planting will be used? (i.e., Broadcast – not incorporated, Broadcast – incorporated, Drill or Planter)

Broadcast – not incorporated

Broadcast - incorporated

Drill

Planter

35. For the unassessed field, what crop are you planting your cover crop into or after? (Select one)

Corn

Soybeans

Wheat

Other, specify: \_\_\_\_\_

36. Has your farm operation previously tried cover crops?

Yes, but crop not left over-winter (e.g. fall terminated)

Yes, and crop left over-winter

No, explain why: \_\_\_\_\_

37. How will the cover crop be terminated? (Select one)

Mechanical termination in the fall

Mechanical termination in the spring

Terminated by frost

Chemical termination in the fall

Chemical termination in the spring

Other, specify: \_\_\_\_\_

38. Will your cover crop be harvested or grazed leaving less than 6 inches of growth over winter?

Yes

No

**Full Name:** \_\_\_\_\_

**FBRN:** \_\_\_\_\_

## Step 7: Additional Funding for Systems Approach

This section is for applicants who would like to be considered for the Systems Approach Funding. To be considered, you must show how the project you are applying for will be complemented or enhanced by the on-going maintenance of previously implemented best management practices (BMPs). If this applies to you, please answer the questions for at least 2 of the BMPs below. If you may provide satisfactory answers for at least 2 BMPs, you may receive an additional 5 percent in cost-share funding.

<b>CROP NUTRIENT PLANNING</b>	
What year did you last complete a Crop Nutrient Plan for this farm?	
What type of advisor did you use for your planning?	
Does the plan contribute to your ongoing production practices?	Yes No
What township was the plan implemented in?	
<b>COVER CROPS</b>	
Do you use cover crops annually?	Yes No
If no, what was the most recent year you used cover crops?	
How many acres do you use cover crops on annually?	acres owned acres rented
Have you used a cover crops species that flowers?	Yes No
If so, did you allow the cover crops to flower before termination?	Yes No
Are your cover crops typically left in the field over winter?	Yes No
What township was this implemented in?	
<b>RIPARIAN BUFFER STRIPS</b>	
What is the length and width of your riparian buffer strip?	metres length metres width
What year did you plant your most recent buffer strip?	
What township was this implemented in?	

<b>WINDBREAKS AND WINDSTRIPS</b>	
How many acres of fields are protected by windbreaks/wind strips: (e.g., 50 acre field with windbreaks = 50 acres)	acres owned  acres rented
What year did you last plant a windbreak or wind strip?	
Do the plants in the windbreak or wind strip provide food sources (such as flowers), nesting sites or host plants for pollinators?	Yes No
Do you perform annual maintenance on your windbreak(s)/wind strip(s)?	Yes No
What township was this implemented in?	
<b>FRAGILE LAND RETIREMENT</b>	
Please indicate the number of acres of fragile land you have retired in the last 5 years	acres
Do the plants on your retired fragile land provide food sources (such as flowers), nesting sites or host plants for pollinators?	Yes No
What township was this implemented in?	
<b>STRUCTURAL EROSION CONTROL</b>	
When was the erosion control structure implemented?	
Was the erosion control structure designed by an engineer?	Yes No
What township was this implemented in?	

<b>TILLAGE AND NUTRIENT APPLICATION EQUIPMENT MODIFICATIONS</b>	
How many acres are under no-till practices?	acres owned acres rented
How many years have no-tillage practices been implemented?	
How many acres are under strip-till practices?	acres owned acres rented
How many years have strip-tillage practices been implemented?	
Do you have 3 or more crops in your rotation?	Yes No
What township was this implemented in?	
<b>EQUIPMENT MODIFICATIONS TO REDUCE SOIL COMPACTION</b>	
Do you have an on-the-go tire inflation system?	Yes No
If yes, when was the system installed?	
Do you use high flotation tires to reduce soil compaction?	Yes No
If yes, how many acres are impacted through use of this equipment?	acres owned acres rented
What township was this implemented in?	
<b>ADDING ORGANIC AMENDMENTS TO SOIL</b>	
How many acres do you apply organic amendments to?	acres owned acres rented
What type of material do you apply to your fields? (Check all that apply)	Manure Biosolids Compost Anaerobic digestate Other, specify:
Is adding organic amendments a regular annual practice for your farm?	Yes No
If no, what was the most recent year you used this practice?	
What township was this implemented in?	



**EQUIPMENT MODIFICATIONS TO IMPROVE MANURE APPLICATION**

<p>How did you modify equipment to better apply organic amendments? (Check all that apply)</p>	<p>Direct injection Below canopy Incorporation or pre-tillage Better rate and flow accuracy Safety controls and monitoring</p>
<p>What was the most recent year you modified equipment for the application of organic amendments?</p>	
<p>Since the equipment was modified, has it been used in each year of production?</p>	<p>Yes No</p>
<p>How many acres are impacted by the use of this equipment</p>	<p>acres</p>
<p>What township was this implemented in?</p>	

## Declaration, Acknowledgements, Consent and Signature

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In order to apply, you must agree to be bound by the Terms and Conditions of Canadian Agricultural Partnership (“the Partnership”) Cost-share Funding for Producers.

The applicant must be a legal entity that is eligible under the Partnership Cost-share Funding for Producers. The individual who signs the application form must be a person who is authorized by the applicant to sign the form on behalf of the applicant and to bind the applicant to the contents therein. This person is referred to as “you” below.

### You must certify on the application that:

- You have read, understand, and agree to abide by all requirements of the Partnership Cost-share Funding for Producers. This Guide sets out the Terms and Conditions for the Partnership Cost-share Funding for Producers, and the Project Category Descriptions.
- All information submitted on the application is true and complete, to the best of your knowledge, belief and understanding.
- All sources of funding for the proposed project, other than the applicant’s, have been disclosed in this application, including sources and amounts from federal, provincial and municipal governments, and such funds do not, and will, not exceed 100 per cent of total project costs.
- The applicant does not currently owe any money to Ontario, or you have attached a description of the applicant’s debt to Ontario to this application.
- You are not, nor is any officer, director or employee of the applicant (if any) a current or former federal public office holder or federal public servant, or, if you, or any officer, director or employee of the applicant (if any) are a current or former federal public officer holder or federal public servant, you or that officer, director or employee of the applicant (if any) are in compliance with the **Conflict of Interest Act**, the **Conflict of Interest Code for Members of the House of Commons**, the **Values and Ethics Code for the Public Sector and the Policy on Conflict of Interest and Post-employment**, as applicable.
- You are not, nor is any officer, director or employee of the applicant (if any), a member of the House of Commons or of the Senate, or if you, or any officer, director or employee of the applicant (if any) are, you or the officer, director or employee of the applicant (if any) are permitted under the **Parliament of Canada Act** to receive funding from Canada under the Partnership.

### You must further certify on the Application, that the applicant:

- Shall retain all records relating to any payments made to the applicant under the Partnership, including all invoices and proof of payment for at least seven (7) years from the date on which payment was received by the applicant.
- Shall consent to Ontario, Ontario’s program administrator (if any) or Canada publishing information about the project/activities funded including the amount of funding the applicant has been approved to receive and/or has received under the Partnership, the nature and results of any project/ activities funded, along with the applicant’s name.

### You must further acknowledge and accept that:

- The Partnership is a discretionary, non-entitlement program and the applicant is not entitled to funding merely as a consequence of submitting an application. Payment is subject to Ontario receiving all the necessary appropriations from the Ontario Legislature, Ontario receiving all the necessary monies from Canada, the applicant and the applicant’s project (and all activities) satisfying eligibility criteria, as well as the applicant’s compliance with all terms and conditions of the Partnership.
- If it is determined that the applicant has received a payment the applicant was not eligible to receive, through administrative error or otherwise, the applicant will repay any and all payments that the applicant was not eligible to receive as well as any surplus funding.
- Any payments made to the applicant may be subject to recovery or offset against the applicant’s pre-existing debts to the Crown in Right of Ontario or Canada.
- Ontario, Ontario’s program administrator (if any) or Canada, including, their respective Ministers, directors, officers, agents, employees or representatives (as applicable) shall not be liable for any damage or loss whatsoever, or howsoever arising, including damage or loss arising from any advice, opinions, representations, warranties or the provision of information under the Partnership.
- The information provided to the Partnership, with the exception of the Social Insurance Number of recipients of funding who are sole proprietors or unincorporated entities, may be disclosed by Ontario or Ontario’s program administrator (if any) on behalf of Ontario to verify compliance with other provincial and federal funding initiatives administered by Ontario or another program administrator on behalf of Ontario or by Ontario in order to confirm the information provided, to verify eligibility and to ensure there is no duplication of funding.
- The information provided for the Partnership may be subject to disclosure under the **Freedom of Information and Protection of Privacy Act** (Ontario), the **Access to Information Act** (Canada) or **Privacy Act** (Canada).

**You consent to the following on behalf of the applicant:**

- To provide accurate, timely and full information, including supporting documentation, to Ontario or Ontario's program administrator (if any) and will notify Ontario or Ontario's program administrator (if any) immediately in the event there are any changes to information provided.
- To provide Canada, Ontario and Ontario's program administrator (if any), as well as their authorized representatives, with any information or access to a person, place or thing within ten (10) business days of any request, field verification or audit.
- To comply with onsite field inspections and/or audits by Ontario or Ontario program administrator (if any) upon notice, and during normal business hours, to verify eligibility, and to evaluate compliance with the requirements of the Partnership.
- To comply with reviews by Ontario of information related to other programs and initiatives delivered by, or for, Ontario in which the applicant is enrolled or has applied.
- The use of the applicant's name and contact information by Ontario, Ontario's program administrator (if any) and/or Canada to contact the applicant for the purpose of evaluating the effectiveness and efficiency of the Partnership programming, or for any other similar purpose.

In the event of a conflict between anything set out in Guidebooks, Guidelines and the Minister's Order, the Minister's Order will prevail.

Errors and Omissions Excepted.

**NOTICE OF COLLECTION OF PERSONAL INFORMATION:** Ontario may collect the Social Insurance Number (SIN) of a Partnership funding recipient where that recipient is a sole proprietor or an unincorporated entity, in order to meet its obligations under the Income Tax Act (Canada), and for the purposes of auditing and collection of over-payments. If you have any questions or concerns regarding the collection of this information, please contact the Administrative Services Representative, Rural Programs Branch, Ontario Ministry of Agriculture, Food and Rural Affairs, at 1 Stone Rd. W, Guelph ON N1G 4Y2, phone: 519-826-6616.

**BY SIGNING BELOW, I AGREE TO BE BOUND BY THE TERMS AND CONDITIONS OF THE CANADIAN AGRICULTURAL PARTNERSHIP, AS SET OUT IN THE PROGRAM GUIDE THAT THIS FORM ACCOMPANIES, AND IS AUTHORIZED TO SIGN ON BEHALF OF THE APPLICANT AS WELL AS BIND THE APPLICANT TO THE ABOVE.**

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Print Name

Signature

Date (YYYY/MM/DD)

Submit your form:

By email:

[LEADS@ontariosoilcrop.org](mailto:LEADS@ontariosoilcrop.org)

By post:

Ontario Soil and Crop Improvement Association  
1 Stone Road West, Guelph, ON N1G 4Y2