

**PRODUCER - Cover Crops
(ESIM-PD-B)**

PART 1: ENROLMENT

Complete your enrolment online at ontarioprograms.net

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

If you have already enrolled in the Canadian Agricultural Partnership and your information has not changed, you may move straight to PART 2: Application

Langue de correspondance préférée : Français

| | | | | |
|---|------------|---------|------------------|-----------------|
| Salutation | First Name | Initial | Last Name | Job Title |
| Operating Name of Business/Organization (This is the name under which the business operates) | | | | Primary Phone |
| Legal Name of Business/Organization (Complete name business is registered under) Same as above or: | | | | Secondary Phone |
| Business Email Address | | | Business Website | |
| Address (Line 1) | | | City | |
| Address (Line 2) | | | Province | Postal Code |
| Business Location Address (Line 1) Same as mailing address | | | City | |
| Address (Line 2) | | | Province | 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 | Job Title |
| Second signing authority | _____ | _____ | _____ |
| | First Name | Last Name | Job Title |

Indigenous Partners/Community

Yes No

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

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 |
|-------------------------------|---------------------------------------|---------------------|---------------------------|
| | | | |

Summary

Please take a moment to review the information you have provided and ensure it is accurate.

Terms and Conditions

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 Adam Meyer, Manager, Rural Programs Branch, Ontario Ministry of Agriculture, Food and Rural Affairs, at 1 Stone Rd. W, Guelph ON N1G 4Y2, phone: 519-826-3791, or email: adam.meyer@ontario.ca

By checking the box below, I/we declare the information above to be true and correct and I/we agree to abide to all the program rules, procedures and conditions. I/We consent to the release of this information to the Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA), and associated program partners for the purposes of future programming, program promotion and program evaluation.

I/We have read and agree to all the preceding terms and conditions.

| | | |
|------------------------|-----------------------------|-------------------|
| Signing Authority Name | Signing Authority Signature | Date (YYYY/MM/DD) |
|------------------------|-----------------------------|-------------------|

Submit your form: By email: cap@ontariosoilcrop.org
 By post: Ontario Soil and Crop Improvement Association
 1 Stone Road West, Guelph, ON N1G 4Y2

| | | |
|---------------------|------------------|--------------------------|
| For Office Use Only | | |
| Received by: _____ | Signature: _____ | Date (YYYY/MM/DD): _____ |



PART 2: APPLICATION FORM

Program Year: 2019-2020

PRODUCER - Cover Crops (ESIM-PD-B)

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

Step 1: Business Contact Information

| | | | |
|---------------|-------|--|--|
| Business Name | | Farm Business Registration Number (FBRN) | |
| Contact Name | Email | Phone Number | |

Step 2: Project Location

| | | |
|----------------|----------------------------|--------------|
| Address Line 1 | City/Town | Municipality |
| Address Line 2 | Province ONTARIO | Postal Code |

Conservation Authority

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 or call 1-888-247-4999

Step 3: Project Summary and Description

Project Summary (10 words maximum)

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

Step 4: Work Plan

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

Date (YYYY/MM/DD)

Date (YYYY/MM/DD)

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

Step 5: 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) |
|--|--|------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL COST | | |

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) |
|-------------------------|--|-----------------|-------------|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL COST | | | | |

Step 6: 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 7: Project Details for Cover Crops (ESIM-PD-B)

1. Will your cover crops include flowering species? (Select one):

Yes

No

2. Will species be harvested before they flower? (Select one):

Yes

No

3. How many years have you used cover crops in this location in the last 5 years? (Select one):

Never used cover crops

One year

Two years

Three years

More than three years in the last five years

4. Have you left cover crops undisturbed over winter in the last 5 years? (Select one):

Yes

No

5. What crop are you planting your cover crop into or after? (Select one):

Corn

Soybeans

Wheat

Other, specify: _____

6. What are your typical tillage practices for this crop in the fall? (Select one):

Conventional tillage

Reduced tillage

No-till

Strip till

Vertical tillage

Full Name: _____

FBRN: _____

ESIM-PD-B

7. What type of cover crop will you be planting? (Select one):

Legume

Grass and/or forbs

Mixture of legumes and grass and/or forbs

8. How do you plan to terminate the proposed cover crop? (Select one):

Mechanical termination in the fall

Mechanical termination in the winter

Terminated by frost

Chemical termination

9. What is the potential for water erosion on your fields? (From Worksheet #1, Table 5 in the 4th edition EFP workbook) (Select one):

1 - High

2 - Moderate

3 - Low

4 - Very Low

10. What is the potential for wind erosion on your fields? (From Worksheet #1, Table 5 in the 4th edition EFP workbook) (Select one):

1 - High

2 - Moderate

3 - Low

4 - Very Low

11. Choose a description of the topography of your farm sites that will be impacted by this project. (Select one):

Complex and/or steep (slope classes E,e,F,f; greater than 5%)

Gentle or undulating (slope classes C,c,D,d; 2-5%)

Gently sloping with simple one-direction slopes (slope class B; less than 2%)

Generally flat (slope class A, B; less than 2%)

12. Please indicate the number of acres that will be impacted from this project. (Select one):

1 to 50 acres

51 to 100 acres

101 to 200 acres

201 to 500 acres

More than 500 acres

13. When will your cover crop project be planted? (Select one):

Into growing crop and let establish prior to crop harvest

After crop is harvested

14. Will your cover crop be planted on a field adjacent to a water course? (Select one):

Yes

No

Full Name: _____ **FBRN:** _____

Step 8: 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 BMPs. If this applies to you, please answer the questions for at least 3 of the BMPs identified below. If you provide satisfactory answers for at least 3 BMPs, you will receive an additional 5 percent in cost-share funding.

| NUTRIENT MANAGEMENT AND SOIL HEALTH PLANNING | |
|--|-----------------------------------|
| What year did you complete at least one of the following plans: Crop Nutrient Plan Nutrient Management Plan Riparian Health Assessment Soil Erosion Plan Water/Wastewater Management Plan | |
| What type of advisor did you use for your planning? | |
| Does the planning document contribute to your ongoing production practices? | Yes No |
| Where was/is this implemented (township): | |
| COVER CROPS | |
| Do you use cover crops annually? | Yes No |
| If you answered “no” to the above question, 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 species of cover crops that flowers? | Yes No |
| If so, did you allow the cover crops to flower before termination? | Yes No |
| Were/are your cover crops left in the field over winter? | Yes No |
| Where was/is this implemented (township): | |
| RIPARIAN BUFFER STRIPS | |
| What is the length and width of your riparian buffer strip? | metres length metres width |
| Please indicate the most recent year you planted a buffer strip in | |
| Where was/is this implemented (township): | |

| WINDBREAKS AND WINDSTRIPS | |
|--|---------------------------------|
| Please indicate the # of acres of fields protected by windbreaks/wind strips: (eg. 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 |
| Where was/is this implemented (township): | |
| FRAGILE LAND RETIREMENT | |
| 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 |
| Where was/is this implemented (township): | |
| STRUCTURAL EROSION CONTROL | |
| When was the erosion control structure implemented? | |
| Was the erosion control structure designed by an engineer? | Yes No |
| Where was/is this implemented (township): | |
| NUTRIENT RECOVERY FROM WASTEWATER OR WASH WATER | |
| How many nutrient unit equivalents do you contain or manage? | |
| How many litres of water is treated and/or recycled? | |
| What is the most recent year, the water recovery system was installed? | |
| Where was/is this implemented (township): | |

| TILLAGE AND NUTRIENT APPLICATION EQUIPMENT MODIFICATIONS | |
|--|--|
| Please indicate the number of acres under no-till practices: | acres owned acres rented |
| Please indicate the number of years you have implemented no-tillage practices: | |
| Please indicate the number of acres under strip-till practices: | acres owned acres rented |
| Please indicate the number of years you have implemented strip-tillage practices: | |
| Do you have 3 or more crops in your rotation? | Yes No |
| Where was/is this implemented (township): | |
| EQUIPMENT MODIFICATIONS TO REDUCE SOIL COMPACTION | |
| Do you have an on-the-go tire inflation system? | Yes No |
| If yes, when was the tire inflation system installed? | |
| Do you use high flotation tires to reduce soil compaction? | Yes No |
| If yes, please indicate the number of acres impacted through the use of this equipment: | acres |
| Do you use this equipment on rented or owned land? | rented owned both |
| Where was/is this implemented (township): | |
| ADDING ORGANIC AMENDMENTS TO SOIL | |
| Please indicate the number of acres 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 |
| Is adding organic amendments a regular annual practice for your farm? | Yes No |
| If you answered "no" to the previous question, what was the most recent year you used this practice? | |
| Where was/is this implemented (township): | |

| EQUIPMENT MODIFICATIONS TO IMPROVE MANURE APPLICATION | |
|--|---|
| How did you modify equipment to better apply organic amendments (check all that apply)? | Direct injection Below canopy Incorporation or pre-tillage Better rate and flow accuracy Safety controls and monitoring |
| Please indicate the most recent year you modified equipment for the application of organic amendments | |
| Since the equipment was modified, has it been used in each year of production? | Yes No |
| Please indicate the number of acres impacted through the use of this equipment | _____ acres |
| Where was/is this implemented (township): | |
| MANURE STORAGE IMPROVEMENTS | |
| Has increasing storage capacity help reduce soil compaction levels within your fields, by allowing you to apply manure at the right time? | Yes No |
| Has increasing storage capacity help eliminate the need to spread manure on frozen or snow covered ground? | Yes No |
| Please indicate the year you increased manure storage capacity to 240 days: | |
| Did increasing storage capacity allow you to increase nutrient use efficiency? | Yes No |
| Where was/is this implemented (township): | |
| RUNOFF CONTROL FOR LIVESTOCK FACILITIES | |
| On your livestock farm, has a livestock yard been roofed, or a covered yard been built, within the last 5 years to prevent runoff? | Yes No |
| Within the last 5 years, have you installed one of the following: | Engineered livestock runoff vegetated filter strip Constructed wetland |
| For livestock yards, have impermeable surfaces and concrete curb walls been either installed, or included in the original design, to direct runoff to storage or treatment areas? | Yes No |
| Did you create an upstream diversion around existing farmyards? (e.g., surface water diversions, berms, surface inlet [catch basin], eaves troughs on existing livestock buildings to divert clean water from entering the livestock yard) | Yes No |
| Did you build storage for runoff or silage leachate? | Yes No |
| Did you create observation and shut-off stations and/or plug tile drains within 15 meters of livestock facilities | Yes No |
| How many of nutrient units are managed by runoff control? | |
| Where was/is this implemented (township): | |

Declaration, Acknowledgements, Consent and Signature

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 your own, 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.
- You do 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 that you are not entitled to funding merely as a consequence of having submitted an application. Payment is subject to Ontario receiving all the necessary appropriations from the Ontario Legislature, Ontario receiving all the necessary monies from Canada, eligible activities criteria, eligible expenses criteria, ineligible activities criteria, ineligible expenses criteria, and priorities and target audiences, 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 for the Partnership 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 that 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 Adam Meyer, Manager, Rural Programs Branch, Ontario Ministry of Agriculture, Food and Rural Affairs, at 1 Stone Rd. W, Guelph ON N1G 4Y2, phone: 519-826-3791, or email: adam.meyer@ontario.ca

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.

Print Name

Signature

Date (YYYY/MM/DD)

Submit your form:

By email:

cap@ontariosoilcrop.org

By post:

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