



Beneficial Management Practice (BMP) Program

2019 – 2020 Funding Application

For Planning BMP's & Engineering & Technical Design BMP's

PLEASE USE INK AND PRINT –COMPLETE ENTIRE FORM
INCOMPLETE FORMS WILL NOT BE PROCESSED

INTENDED FOR USE WITH THE 2019-2020 BMP List – Available at www.bcefp.ca
PROJECT START AND COMPLETION DATES WILL BE SET BY THE PROGRAM.

Project Number (Office Use)
Date Received

Required Documents: The following, if applicable, must be included with your application or it will not be processed.

<input type="checkbox"/> Yes	Copy of the Environmental Farm Plan (EFP) Statement of Completion
<input type="checkbox"/> Yes	Copy of the 2019 or most current B.C. Assessment Notices for all properties involved in this project
<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	Diagram, map or air photo (clearly indicating location and layout of project)
<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	Copies of quotations and/or design plans
<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	Copies of the lease agreements for all properties involved in this project
<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	Documentation showing linkage <u>if</u> the names are <u>not the same</u> in Boxes 1,2 and 3 of PART A (i.e. Corporate registration document, Land owner statement, Lease agreement etc.)

PART A – FARM BUSINESS INFORMATION

1. GST Registrant Name			GST Number
First & Last Name	Telephone Number	Other Number	Email
Mailing Address	City	Postal Code	
Farm Address	City	Postal Code	
Workbook Number and Edition	Planning Advisor	Premises ID Number (required for livestock applicants)	

2. If approved, is the cheque payable to the GST registrant as entered above? (If the answer is no, please enter payee below) <input type="checkbox"/> Yes <input type="checkbox"/> No	IMPORTANT IF the names are not the same in Boxes 1, 2 and 3 of PART A, then documentation must be provided with this application providing satisfactory evidence of their linkage.
Payee :	
3. Name on Land Title (BC Assessment) and Lease (if applicable)	



4. Project Location:	
Physical Address of Project Location	List the Property Roll Numbers associated with this project:
Equitable Arrangement with Landowner:	
<input type="checkbox"/> I am the sole owner of the land on which the project is to be implemented or, <input type="checkbox"/> I am not the sole owner of the land on which the project is to be implemented, but I have obtained approval to proceed with the application of this project and proof of this (lease agreement or equivalent) has been attached with this application or, <input type="checkbox"/> My project does not directly impact any land.	

PART B – FARMING OPERATION

5. Choose one primary farm operation type to describe your farm business:

<input type="checkbox"/> Dairy	<input type="checkbox"/> Floriculture	<input type="checkbox"/> Cranberries	<input type="checkbox"/> Grains & Oilseeds
<input type="checkbox"/> Turkey	<input type="checkbox"/> Tree Fruits	<input type="checkbox"/> Raspberries	<input type="checkbox"/> Forage
<input type="checkbox"/> Eggs	<input type="checkbox"/> Cherries	<input type="checkbox"/> Blueberries	<input type="checkbox"/> Horse
<input type="checkbox"/> Chicken	<input type="checkbox"/> Grapes	<input type="checkbox"/> Strawberries	<input type="checkbox"/> Other Crop (Identify) _____
<input type="checkbox"/> Broiler Hatching Egg	<input type="checkbox"/> Greenhouse	<input type="checkbox"/> Nuts	<input type="checkbox"/> Other Livestock (Identify) _____
<input type="checkbox"/> Beef – Cow Calf	<input type="checkbox"/> Potatoes & Vegetables	<input type="checkbox"/> Mushrooms	<input type="checkbox"/> Other (Identify) _____
<input type="checkbox"/> Beef – Feeder	<input type="checkbox"/> Cole Crop	<input type="checkbox"/> Hogs	
<input type="checkbox"/> Nursery	<input type="checkbox"/> Processing Vegetables	<input type="checkbox"/> Sheep and Goats	

Would you describe your operation as either certified organic or in transition to be certified? Yes No

6. If applicable, indicate the approximate number of livestock on the farm operation(s) in the past 12 months:

Beef	Dairy	Hogs	Poultry	Other Livestock (Identify)

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

Annual Crop Hectares	Tame Forage Hectares	Native Forage Hectares	Horticulture/ Greenhouse Hectares	Other Hectares (Identify)	Total Hectares
+	+	+	+		=

8. If applicable, indicate the number of Irrigated Hectares:

9. The following Supplemental Plans are required to be completed and submitted prior to applying for BMPs in the following categories:

Nutrient Management Plan 2401 A:	0105, 0201, 0301, 0803, 1701, 3201, 3203	Riparian Management Plan 3001:	1001, 1002, 1003, 1006
Nutrient Management Plan 2401 B:	0105, 0201, 0301, 0803, 1701, 3101-1, 3101-2, 3201, 3203	Riparian beside Water 1102:	0903, 1004, 1005
Biodiversity Plan 2801:	2201, 2202, 2203, 2204, 2205	Grazing Management Plan 2601:	1004, 1005
Farm Energy Assessment 3301:	3301-1, 3302-2, 3303, 3304, 3307, 3308, 3310	Water Management Plan 2902:	0904, 3201
(Certified) Irrigation Plan 2901:	1804, 1805, 1806, 3302-1	Vegetative Buffer Plan 3401:	1901, 1907, 2205

PART C – PROJECT INFORMATION

10. Planning, Engineering and Technical Design Activity Information:

What question(s) from your EFP Planning Workbook is being addressed?

What environmental issue is being addressed?

Who will be completing the work? (e.g. self, employee, contractor)

Estimate of Plan, Engineering or Technical Design Costs

11. BMP Budget:

Indicate the Beneficial Management Practice (BMP) Category, Practice Codes, and Costs. Categories, Practice Codes, Cost Share & Category Caps are listed in the 2019-2020 Beneficial Management Practices List which can be found at www.bcefp.ca. Please attach quotations and design plans if applicable. Use an additional sheet if required.

Practice Code	Eligible Item (Type of Plan, Engineering or Technical Design)	Estimated Cash Costs (receipted value)
		\$
	Estimated Eligible Cash Costs (BMP Category Cost Share _____%)	A \$
	Category Cap (See 2019/2020 BMP List)	B \$
	Total Funding Requested From Program	C \$

D – DECLARATIONS AND SIGNATURE(S)

SIGNING THIS APPLICATION IS AN AGREEMENT THAT YOU WILL ABIDE BY THE PROGRAM REQUIREMENTS.

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

I/We have read and agree to the requirements of this application.

I/We understand that any information on this form which is considered to be personal information is collected under the authority of British Columbia’s Freedom of Information and Protection of Privacy Act, s.26(c).

I/We understand that the information collected will be used in furtherance of and in a manner consistent with an activity of the public body; that is the Beneficial Management Practice Program and the Canada-British Columbia Environmental Farm Plan Program under the Canadian Agricultural Partnership Agreement

I/We understand that the information collected provided on this document is collected by the British Columbia Agricultural Development and Research Corporation under the authority of the Canadian Agricultural Partnership Agreement for the purpose of taking action to reduce identified environmental risk.

I/We authorize employees of the Province of British Columbia 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 Business Number (GST Number) is collected under the authority of the *Income Tax Act* for the purpose of reporting income.

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

I/We authorize the Province of British Columbia to use the information contained within this application for other environmental programs administered by the Province of British Columbia and the Government of 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 also understand that failure to comply with all the applicant requirements may delay processing of the application or render me/us ineligible for assistance under the program.

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

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 Canadian Agriculture Partnership Agreement.

I/We have read and understand the Statement of Limitations of the Environmental Farm Plan Program as presented in the Planning Workbook used to develop an Action Plan for the farm operation identified in this application.

If you have any questions about the collection, use and disclosure of this information, contact David Poon, Manager, Resource Management Unit, 1767 Angus Campbell Rd, Abbotsford, BC V3G 2M3, 604-556-3098

I / We understand that this program cannot provide funding for any projects that have been started “Prior to Approval” by ARDCorp or have already been completed.

INITIAL HERE →

I have read and understood the 2019/20 BMP policies and I agree to comply with all program requirements.

INITIAL HERE →

CORPORATIONS, COOPERATIVES and FIRST NATIONS	TRUSTEE	ESTATE APPLICATIONS
Applications must be signed by authorized signing officer(s) with accompanying certified signature resolution or corporate seal and/or copy of Band Council Resolution.	Power of Attorney or Court Order must be attached if signed on behalf of another person	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".

PLEASE PRINT YOUR NAME	APPLICANT SIGNATURE(S)	DATE

FOR ASSISTANCE IN COMPLETING THIS APPLICATION OR MORE INFORMATION:
<p>604-854-4483 (telephone) 1-866-522-3447 (toll free)</p> <p>604-854-4485 (fax) www.bcefp.ca</p>

FAX, MAIL or EMAIL COMPLETED & SIGNED APPLICATIONS TO:
<p>Canadian Agricultural Partnership EFP Program c/o ARDCorp, Unit 1 - 2650 Progressive Way, Abbotsford, BC, V2T 6H9 Fax 604-854-4485 application@ardcorp.ca</p>

SIGN AND RETAIN A COPY OF THIS APPLICATION FOR YOUR RECORDS

