



# Beneficial Management Practice (BMP) Program

2019 – 2020 Funding Application

For Project 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](http://www.bcefp.ca)

**PROJECT START AND COMPLETION DATES WILL BE SET BY THE PROGRAM.**

Project Number (Office Use)
Date Received

**The following documents, if applicable, are required to 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 the names are not the same</u> in Boxes 1,2 and 3 of PART A ( <i>i.e Corporate registration document, Land owner statement, Lease agreement etc.</i> )
<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	Required Management Plans (See Part B Number 9) (Note: Section 11 regarding Category 18 Irrigation)

## 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			<b>IMPORTANT</b>  <b>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.</b>
Payee :			
3. Name on Land Title (BC Assessment) and Lease (if applicable)			



<b>4. Project Location:</b>	
<b>Physical Address of Project Location</b>	<b>List the Property Roll Numbers associated with this project:</b>
<b>Equitable Arrangement with Landowner:</b>	
<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**

<b>5. Choose one primary farm operation type to describe your farm business:</b>			
<input type="checkbox"/> Dairy <input type="checkbox"/> Turkey <input type="checkbox"/> Eggs <input type="checkbox"/> Chicken <input type="checkbox"/> Broiler Hatching Egg <input type="checkbox"/> Beef – Cow Calf <input type="checkbox"/> Beef – Feeder <input type="checkbox"/> Nursery	<input type="checkbox"/> Floriculture <input type="checkbox"/> Tree Fruits <input type="checkbox"/> Cherries <input type="checkbox"/> Grapes <input type="checkbox"/> Greenhouse <input type="checkbox"/> Potatoes & Vegetables <input type="checkbox"/> Cole Crop <input type="checkbox"/> Processing Vegetables	<input type="checkbox"/> Cranberries <input type="checkbox"/> Raspberries <input type="checkbox"/> Blueberries <input type="checkbox"/> Strawberries <input type="checkbox"/> Nuts <input type="checkbox"/> Mushrooms <input type="checkbox"/> Hogs <input type="checkbox"/> Sheep and Goats	<input type="checkbox"/> Grains & Oilseeds <input type="checkbox"/> Forage <input type="checkbox"/> Horse <input type="checkbox"/> Other Crop (Identify) _____ <input type="checkbox"/> Other Livestock (Identify) _____ <input type="checkbox"/> Other (Identify) _____
Would you describe your operation as either certified organic or in transition to be certified? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>6. If applicable, indicate the approximate number of livestock on the farm operation(s) in the past 12 months:</b>				
Beef	Dairy	Hogs	Poultry	Other Livestock (Identify)

<b>7. Indicate use of all farmland you own, rent and lease in the table below:</b>					
Annual Crop Hectares	Tame Forage Hectares	Native Forage Hectares	Horticulture/ Greenhouse Hectares	Other Hectares (Identify)	Total Hectares
+	+	+	+		=

<b>8. If applicable, indicate the number of Irrigated Hectares:</b>

<b>9. The following Supplemental Plans are required to be completed and submitted prior to applying for BMPs in the following categories:</b>			
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. Project Location Details:**

**Include a diagram, map or air photo (if applicable) showing the approximate location of the project.**

Indicate the scale of your diagram, map or air photo and include any features that relate to the project such as:

- Farmyard features (buildings, fuel tanks, etc.)
- Livestock facilities
- Distances (meters) to watercourses (ditches, streams, wetlands) & wells
- Roads and trails
- Field and pasture layout
- Unique soils and landscape features

**11. Project Information:**

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

**What environmental issue is being addressed?**

**What is the proposed action or project?**

**What are the steps that will be used to carry out the project?**

**What materials and equipment will be used to complete the project? Attach design information on separate sheet if applicable.**

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

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**How will this project lessen or resolve the environmental issue?**

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**Are you working together with a neighbouring farm or farms using 2019/20 BMP Program funding to resolve an environmental issue? If so, please provide the name of the other applicant(s) and the nature of the arrangement.**

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**Irrigation Projects Category 18:** Additional project description details are required for projects within – Practice Codes 1804, 1805 and as applicable for 1806 in order to fully evaluate these projects. All Irrigation applications will be evaluated on a merit-based ranking system. Each application must include all the applicable information identified below:

- A certified irrigation design/management plan (including all elements as described under Category 2901)
- The application or plan must include a detailed indication of the proposed increase in water use efficiency (the percentage increase must be noted in an irrigation management plan)
- Water delivery energy source (i.e., if pumped indicate fuel type, or gravity or purveyed)
- Water source (e.g., surface, ground, purveyed or other)
- Evidence of Water License or application (if surface or ground water)
- Environmental sensitivity of the water source (i.e., sensitive stream or sensitive aquifer)
- An identification of any critical habitat for federally listed species at risk associated with water source and/or project location
- A quote for all project components linked to the certified irrigation management plan description

**Estimate of Project Costs**

**12. Project Work (not including in-kind – see tables 14 & 15):**  
 Indicate the Beneficial Management Practice (BMP) Category, Practice Codes, Eligible Items 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](http://www.bcefp.ca).  
 Please attach quotations and design plans if applicable. Use an additional sheet if required. **Materials-on-hand are not an eligible expense.**

Practice Code	Eligible Items: (Materials, Contractor Fees, Consultant Fees, Rentals, etc.)	Estimated Cash Costs (receipted value)
1001	<i>Example: Irrigation Pipe (200m) (see attached quote)</i>	\$2,000
		\$
		\$
		\$
		\$
		\$
		\$
	<b>Total Estimated Eligible Cash Costs</b>	<b>A \$</b>
	<b>Estimated Eligible Cash Costs (BMP Category Cost Share _____% of A)</b>	<b>B \$</b>

**13. Rates to be used for Applicant In-Kind contributions:**

General Applicant Labour:..... \$20/hr                      Small Equipment & Labourer:.....\$60/hr  
 Medium Equipment & Labourer:..... \$90/hr                      Large Equipment & Labourer:.....\$140/hr  
 \* The maximum amount of eligible costs for receipted material, labour and equipment for building a fence is \$20.00 / meter

**14. Estimated In-Kind Labour & Equipment Contribution for**  
**CATEGORIES 10 (Riparian Areas Management), 11 (Erosion Control) and 22 Species at Risk Habitat ONLY**  
**(Practice Codes 1001, 1002, 1003, 1004, 1005, 1006, 1101, 2201, 2202, 2203, and 2204)**

- All In-Kind labour and equipment contributions must be identified in this application to be considered eligible.
- Maximum In-Kind rates are outlined in Table 13 above.
- Materials-on-hand are not an eligible expense.

Practice Code	In-Kind Activity (with name of person completing task)	Hours	Rate	Estimated Contributions
1003	<i>Example: Applicant labour &amp; material to build fence</i>	50	\$20/hr	\$1000
				\$
				\$
				\$
				\$
<b>Total Length of Fence to be Installed (Maximum eligible fence cost = \$20/meter)</b>				
<b>Estimated Total In-Kind Contribution</b>				<b>C \$</b>
<b>Cost share calculation of In-Kind (60% of C)</b>				<b>D \$</b>
<b>Maximum In-Kind Limit</b>				<b>E \$10,000.00</b>
<b>Estimated Eligible In-Kind</b>				<b>F \$</b>

**15. Estimated In-Kind Labour & Equipment Contribution for**

**ALL CATEGORIES other than Categories 10, 11 and 22**

- All In-Kind labour and equipment contributions must be identified in this application to be considered eligible.
- Maximum In-Kind rates are outlined in Table 9 above.
- Materials-on-hand are not an eligible expense.

Practice Code	In-Kind Activity (with name of person completing task)	Hours	Rate	Estimated Contributions
601	<i>Example: Applicant labour &amp; equipment to relocate livestock area</i>	22	\$20/hr	\$440
				\$
				\$
				\$
				\$
<b>Estimated Total In-Kind Contribution</b>				<b>G \$</b>
<b>Total Eligible Project Cost (A+G)</b>				<b>H \$</b>
<b>In-Kind limit (25% of H)</b>				<b>I \$</b>
<b>Estimated Eligible In-Kind Contribution (Lesser of G or I)</b>				<b>J \$</b>

16. Sources of Funding:		Funding Sources	Estimated Contributions
Total Estimated Project Costs at Cost Share & In-Kind Labour & Equipment Contribution (B or, (B + F) or (B + J))			<b>K</b> \$
Category Cap (See 2019/2020 BMP List)			<b>L</b> \$
Total Funding Requested from Program (Lesser of Total Eligible Project Costs at Cost Share amount (K) or Category Cap (L))			<b>M</b> \$
Applicants Cash Contribution to the Project			<b>N</b> \$
Funding from other Sources: _____	Has this funding been approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>O</b> \$
Funding from other Sources: _____	Has this funding been approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>P</b> \$
		Total Funding Contributions (M + N + O + P)	<b>Q</b> \$

**17. Please provide estimated project start and completion dates:**

Project Start Date: \_\_\_\_\_ Project Completion Date: \_\_\_\_\_

Note: Final decision of project start, and completion dates will be the responsibility of ARDCorp program administration.

**PART 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 <b>certified signature resolution or corporate seal</b> 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:	
604-854-4483 (telephone) 604-854-4485 (fax)	1-866-522-3447 (toll free) <a href="http://www.bcefp.ca">www.bcefp.ca</a>

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

**SIGN AND RETAIN A COPY OF THIS APPLICATION FOR YOUR RECORDS**

