



# AGRI-ENVIRONMENTAL INCENTIVE PROGRAM PROGRAM APPLICATION FORM

Name (Last, First)	Farm Name	
Mailing address	City/Town	Postal code
Phone	Fax	
Email		

Environmental Farm Plan number (optional): \_\_\_\_\_

## PROJECT(S) YOU WISH TO APPLY FOR.

- Off-setting the cost of building a pasture sprayer **or** purchase and use of a nozzle to spray headlands (up to \$500).
- Off-setting the rental charge for using the County's pasture sprayer (up to \$500).
- Off-setting the cost of identifying and decommissioning old water wells (up to \$2,000).
- Off-setting the cost of range and riparian health assessments conducted by Cows and Fish (up to \$1,000).

## ABOUT YOUR OPERATION:

Land managed

	acres +		acres +		acres =	
<i>Annual crop land</i>		<i>Land in perennial forages</i>		<i>Land in pasture</i>		<i>Total acres managed</i>

## LOCATION OF PROJECT:

Legal land location: \_\_\_\_\_

Expected start date: \_\_\_\_\_ Expected completion date: \_\_\_\_\_

*Note: The project(s) must be completed in the same calendar year of receiving the application*



**PROJECT DESCRIPTION:**

Provide a brief explanation of how this project will improve the conditions/standards of your current situation:

**ESTIMATED PROJECT EXPENSES:**

Please list all estimated expenses required to complete this project (in-kind labour cannot be claimed)	Estimated cost of expenses (an actual expense form will be completed if you are approved)
<b>Total sum of estimated expenses</b>	<b>\$</b>



APPLICANT DECLARATION:

I declare that:

- I am the applicant or am authorized to complete this application on behalf of the applicant.
I have read, understand, and agree to signing this declaration with respect to all projects described and outlined in this application.
I understand that funding for eligible expenses is subject to verification by Agricultural Services staff to ensure the project is complete.
I understand that funding for the projects will be processed on a first-come, first-served basis, until funds are depleted in each calendar year.
I certify that the information provided in this application is, to the best of my knowledge, complete, and true.

Equitable arrangement with landowner (select ONE of the following):

- I am the owner of the land on which the project is to be implemented.
I am not the owner of the land on which the project is to be implemented; however, I have discussed the project with the person who owns the land, and have obtained permission to complete this project.

Name of landowner (if you are not the landowner):

The information collected on this form will be used to process your application. This information is collected under the authority of and is subject to the Freedom of Information and Protection of Privacy Act. Any questions about the collection, use or disclosure of this information can be directed to the public information officer, Rocky View County, 403-230-1401.

Applicant print name

Applicant signature

Date

Rocky View County representative signature

Date

SUBMIT COMPLETED APPLICATION BY:

Mail

Rocky View County - Agri-Environmental Incentive Program
Attn: Agricultural Services
262075 Rocky View Point
Rocky View County, AB T4A 0X2

Fax

403-277-5977

Email

AgServices@rockyview.ca

OFFICE USE ONLY:

Date application received Application number assigned

Approval to begin date Approved by

Expense form approval date Authorized amount to pay