Prairie Watersheds Climate Program (PWCP)
On-Farm Climate Action Fund (OFCAF)
Appendix A | 2025

Appendix A – Historical Nitrogen Rate Usage Reporting

This document must be completed by applicants who are applying for Soil Testing; Soil Mapping; and/or Upgrades to Seeder Equipment, and do not have an accompanying practice. The purpose of this document is to collect the historical nitrogen fertilizer rate usages for applicants/operations that are applying for one of the aforementioned PWCP-funded practices.

The applicant must report how much nitrogen fertilizer was applied on acres (only acres where this piece of equipment was utilized) before the equipment upgrade; and how much nitrogen fertilizer is being used after the upgrade on those **same** acres.

Upgrades to Seeder Equipment

Nitrogen Fertilizer Rate Usage Before Upgrade		
*Total acres	*Metric Tonnes of Nitrogen applied (MT of fertilizer applied)	*Fertilizer Type
*Legal Land Descriptions		

Nitrogen Fertilizer Rate Usage After Upgrade		
*Total acres	*Metric Tonnes of Nitrogen applied (MT of fertilizer applied)	*Fertilizer Type
*Legal Land Descriptions		

NOTE: When reporting on the MT of fertilizer applied after the equipment upgrade, you can report on the implemented **OR** planned changes in nitrogen fertilizer rates.

Manitoba Association of Watersheds

Prairie Watersheds Climate Program (PWCP)
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Appendix A | 2025

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The applicant must report how much nitrogen fertilizer was applied on acres (only acres where the soil testing/soil mapping occurred) before the soil testing/soil mapping; and how much nitrogen fertilizer is being used after the soil testing/soil mapping on those **same** acres.

Soil Testing & Soil Mapping

Nitrogen Fertilizer Rate Usage Before Soil Testing/Soil Mapping		
*Total acres	*Metric Tonnes of Nitrogen applied (MT of fertilizer applied)	*Fertilizer Type
*Legal Land Descriptions		

Nitrogen Fertilizer Rate Usage After Soil Testing/Soil Mapping		
*Total acres	*Metric Tonnes of Nitrogen applied (MT of fertilizer applied)	*Fertilizer Type
*Legal Land Descriptions		

NOTE: When reporting on the MT of fertilizer applied after the soil testing/soil mapping, you can report on the implemented **OR** planned changes in nitrogen fertilizer rates.

BMP: NITROGEN MANAGEMENT PROJECT – Upgrading Seeder Equipment

Upgrading Seeder Equipment to Allow for Banding / Side Dressing / Injection of Fertilizer – $200/ft (up to $30,000). Equipment Upgrades must be accompanied by another PWCP-funded practice (previous PWCP-funded projects count as accompanying); OR the applicant must report on the change in nitrogen fertilizer use (fertilizer rates before and after the equipment upgrade).

By checking and initialing, I confirm that the following is true:

☐ This project is a new practice for my operation, or it is an expansion of a practice that I have implemented on new land/acres than previous years._____Initials

Equipment Type	Upgrade Type (side banding, side dressing or Injection of Fertilizer)	Vendor	Invoice #	Total Cost	Equipment Width	Costs ($200/ft)
Is there an accompanying practice? Yes or No.	**If yes, list the practice and implementation year. (*Attach an additional sheet if needed).***		**District Initials Verification**	**If no, the applicant must submit a completed 'Appendix A' form to the delivery agent before payment is sent. Select 'I Agree'.**		**Applicant Initials**
					Upgrading Seeder Equipment Totals:	

Costs are: ☐ *Actual Cost* *Verified by staff:* ☐ _____*staff initial*

Why are you implementing this practice?

OFFICE USE

File #		*Total Acres*	
Project Type	*NM—Equip Upgrades*	*Total In-Kind*	
Sub-District		***Total Eligible Costs***	

BMP: NITROGEN MANAGEMENT – Nitrification and/or Urease Inhibitor

Use of Combined Nitrification and Urease Inhibitors or use of dual inhibitors – 85% of inhibitor cost (up to $100,000). Applicants cannot apply PCUs and dual inhibitors on the same acres and receive funding for both.

If you purchased SuperU Dual Inhibitor please fill out the table for PCUs. Must be dual inhibitors, or combined nitrification and urease inhibitors.

Inhibitor Product Name	**Product Cost** ($/Liter)	**# of Liters** (L) **of product purchased**	**Total Cost**	**Funding Request** (85% of Cost)	**Applicant Initials**
			Total		

Costs are: ☐ *Actual Cost* *Verified by staff:* ☐ _____ ***staff initial***

PROJECT DETAILS

#	**List the legal land description of where the project(s) is located.** *(Attach an additional sheet if needed)*	**Legal land descriptions continued**	**# Acres**	**Litres Applied** (L)	**New practice/ acres?**			**Applicant Initials**
1								
2								
3								
4								
5								
6								

Why are you implementing this practice?

OFFICE USE			
File #		*Total Acres*	
Project Type	*NM—Nitrification/Urease Inhibitor*	*Total In-Kind*	
Sub-District		***Total Eligible Costs***	

BMP: NITROGEN MANAGEMENT PROJECT – Adding Legumes to Crop Rotation

Adding Legumes to Crop Rotation - $50/acre (up to $100,000) ***Note: Soybean implementation funding cap of $5,000 per year**

Type of Legume	**List the legal land description of where the project(s) is located.** *(Attach an additional sheet if needed)*	**Legal land descriptions continued**	**Acres seeded to legume**	**New practice / New acres**	**Cost of Seed**	**Seeding Cost**	**Total in-Kind** (15%)	**Total Eligible Cost** ($50/acre)	**Applicant Initials**
				Totals					

Costs are: ☐ *Actual Cost* *Verified by staff:* ☐ _____ *staff initial*

Why are you implementing this practice?

OFFICE USE			
File #		*Total Acres*	
Project Type	*NM—Legumes*	*Total In-Kind*	
Sub-District		***Total Eligible Costs***	

BMP: NITROGEN MANAGEMENT PROJECT – Upgrading Manure and Incorporation Equipment

Upgrading manure injection and incorporation equipment - case-by-case basis (up to $30,000). Equipment Upgrades must be accompanied by another PWCP-funded practice (previous PWCP-funded projects count as accompanying); OR the applicant must report on the change in nitrogen fertilizer use (fertilizer rates before and after the equipment upgrade).

By checking and initialing, I confirm that the following is true:

☐ This project is a new practice for my operation, or it is an expansion of a practice that I have implemented on new land/acres than previous years._____Initials

Equipment Type	Upgrade Type	Vendor	Invoice #	Total Cost	In-Kind Costs	Total Eligible Claim
Is there an accompanying practice? Yes or No.	**If yes, list the practice and implementation year. (*Attach an additional sheet if needed).***		**District Initials Verification**	**If no, the applicant must submit a completed 'Appendix A' form to the delivery agent before payment is sent. Select 'I Agree'.**		**Applicant Initials**
					Upgrading Manure Equipment Totals:	

Costs are: ☐ *Actual Cost* *Verified by staff:* ☐ _____*staff initial*

Why are you implementing this practice?

OFFICE USE

File #		*Total Acres*	
Project Type	*NM—Equip Upgrades*	*Total In-Kind*	
Sub-District		***Total Eligible Costs***	

BMP: NITROGEN MANAGEMENT PROJECT – Incorporating Manure to Reduce Nitrogen Volatilization

Incorporating Manure to Reduce Nitrogen Volatilization- $50/acre (up to $100,000)

By checking and initialing, I confirm that the following is true:

☐ This project is a new practice for my operation, or it is an expansion of a practice that I have implemented on new land/acres than previous years. _____ Initials

List the legal land description of where the project(s) is located. (Attach additional sheets if needed)	**# Acres & Tons of Manure Spread**	**Invoice #**	**Vendor**	**Costs**
			Total:	

Costs are: ☐ *Actual Cost* *Verified by staff:* ☐ _____ ***staff initial***

Why are you implementing this practice?

OFFICE USE

File #		*Total Acres*	
Project Type	*NM—Manure Incorporation*	*Total In-Kind*	
Sub-District		***Total Eligible Costs***	

BMP: NITROGEN MANAGEMENT PROJECT – Polymer Coated Urea (PCU) Fertilizer *(or SuperU Dual Inhibitor)*

Use of Polymer Coated Urea Fertilizer – 85% increased cost of PCU fertilizer compared to regular nitrogen (up to $100,000). Applicants cannot apply PCUs and dual inhibitors on the same acres and receive funding for both.

PCUs and SuperU Dual Inhibitors are funded based on the cost difference on the day of purchase between standard nitrogen fertilizer (46-0-0) and PCU/SuperU products. Please contact your agrologist for standard nitrogen fertilizer rates on your purchase date.

Polymer Coated Urea Fertilizer Product Name (or SuperU)	**Product Cost** ($/MT)	**Standard Nitrogen Cost** ($/MT at date of product purchase)	**Cost Difference** ($/MT)	**# of Metric Tonnes** (MT of product purchased)	**Cost Difference X Metric Tonnes purchased**	**Funding Request** (85% of Cost Difference)	**Applicant Initials**
					Total		

Costs are: ☐ *Actual Cost* *Verified by staff:* ☐ _____ ***staff initial***

PROJECT DETAILS

#	**List the legal land description of where the project(s) is located.** *(Attach additional sheets if needed)*	**Legal land descriptions continued**	**# Acres**	**Application Rate (lbs/ac)**	**New practice/ acres?**			**Applicant Initials**
1								
2								
3								
4								
5								
6								

Why are you implementing this practice?

OFFICE USE

File #		*Total Acres*	
Project Type	*NM—Slow Release Fertilizer*	*Total In-Kind*	
Sub-District		***Total Eligible Costs***	

BMP: NITROGEN MANAGEMENT PROJECT – Offsetting Higher Cost of Synthetic Fertilizer Substitutes

Offsetting higher cost of synthetic fertilizer substitutes (manure, compost, digestates) – 85% of increased cost (up to $100,000)

Synthetic Fertilizers are funded based on the cost difference on the day of purchase between standard nitrogen fertilizer (46-0-0) and synthetic fertilizer substitutes. Please contact your agrologist for standard nitrogen fertilizer rates on your purchase date.

Synthetic Fertilizer Product Name	Product Cost ($/MT)	Standard Nitrogen Cost ($/MT at date of productpurchase)	Cost Difference ($/MT)	# of Metric Tonnes (MT of product purchased)	Cost Difference x Metric Tonnes purchased	Funding Request (85% of Cost Difference)	Applicant Initials
					Total		

Costs are: ☐ *Actual Cost* *Verified by staff:* ☐ _____ ***staff initial***

PROJECT DETAILS

#	List the legal land description of where the project(s) is located. *(Attach additional sheets if needed)*	Legal land descriptions continued	# Acres	New practice/ acres?	Applicant Initials
1					
2					
3					
4					
5					
6					

Why are you implementing this practice?

OFFICE USE

File #		*Total Acres*	
Project Type	*NM—Synthetic Fertilizer Substitutes*	*Total In-Kind*	
Sub-District		***Total Eligible Costs***	

BMP: NITROGEN MANAGEMENT PROJECT – Split Application of Fertilizer

Split Application of Fertilizer to improve Nitrogen use - 85% of implementation costs of second pass (up to $100,000)

Fertilizer Type	Date of First Application	Date of Second Application	Implementation Cost of Second pass	Funding Request (85% implementation cost of 2nd pass)	Applicant Initials
			Total		

Costs are: ☐ *Actual Cost* *Verified by staff:* ☐ _____ ***staff initial***

PROJECT DETAILS

#	List the legal land description of where the project(s) is located. *(Attach an additional sheet if needed)*	Legal land descriptions continued	# Acres	New practice/acres?	Applicant Initials
1					
2					
3					
4					
5					
6					

Why are you implementing this practice?

OFFICE USE			
File #		*Total Acres*	
Project Type	*NM –Split Fertilizer*	*Total In-Kind*	
Sub-District		***Total Eligible Costs***	

BMP: NITROGEN MANAGEMENT PROJECT – Agronomic Support / Soil Testing / Soil Mapping

Agronomic Support for Nitrogen Management Plans – 50% of cost (up to $10,000); Soil Testing – 85% of cost (up to $5,000); Soil Mapping – 50% of costs (up to $10,000). Soil Testing and Soil Mapping must be accompanied by another PWCP-funded practice (previous PWCP-funded projects count as accompanying); OR the applicant must report on the change in nitrogen fertilizer use (fertilizer rates before and after the soil testing/mapping).

Activity Type (Agronomic Support / Soil Testing / Soil Mapping)	**List the legal land description of where the project(s) is located.** *(Attach an additional sheet if needed)*	**Legal land descriptions continued**	**Acres**	**New practice / New acres**	**Cost**	**Funding Request** Agronomic Support = 50% of Cost Soil Testing = 85% of Cost Soil Mapping = 50% of Cost	**Applicant Initials**
				☐			
				☐			
				☐			
				☐			

Is there an accompanying practice? (If applying for soil testing or mapping). Yes or No.	**If yes, list the practice and implementation year. (***Attach an additional sheet if needed).*	**District Initials Verification**	**If no, the applicant must submit a completed 'Appendix A' form to the delivery agent before payment is sent. Select 'I Agree'.**	**Applicant Initials**

Activity 3 – Agronomic Support Totals:			
Activity 4 – Soil Testing Totals:			
Activity 5 – Soil Mapping Totals:			

Costs are: ☐ *Actual Cost* *Verified by staff:* ☐ _____*staff initial*

Why are you implementing this practice?

OFFICE USE

File #		*Total Acres*	
Project Type	*NM— Mapping, Testing, Ag Sup.*	*Total In-Kind*	
Sub-District		***Total Eligible Costs***	