Resilient Agricultural Landscape Program (RALP) 2023-2028 Year 2 Intake Period – Application Form

WETLAND RESTORATION & CONSTRUCTION APPLICATION FORM

The personal information collected is in accordance with section 33 (c) of the Freedom of Information and Protection of Privacy Act (the FOIP Act) (RSA 2000,C.F-25) and will be protected under Part 2 of the Act. Any personal information that is provided in the Sustainable Canadian Agriculture Partnership (Sustainable CAP) Resilient Agricultural Landscape Program (RALP), Grant Application Form will be used for the purpose of determining and assessing the applicant's eligibility to apply for the (Sustainable CAP) RALP Program Grant, and also to support ongoing evaluation of the (Sustainable CAP) RALP Program. The personal information will be disclosed to the Federal Government for the purpose of administration and evaluation of the Sustainable Canadian Agricultural Partnership (Sustainable CAP) framework. Should you require further information about collection, use and disclosure of personal information, please direct your questions or inquires to the Director Sustainable CAP Secretariat, Intergovernmental and Trade Relations Branch, Alberta Agriculture and Irrigation, at 310-3276, Email at S-CAP@gov.ab.ca or mail to Intergovernmental and Trade Relations Branch/ CAP Secretariat, Agriculture and Irrigation (AGI), 300, 7000 - 113 Street, Edmonton, AB T6H 5T6.

Please complete all portions of the application.				
Part 1: APPLICANT INFORMATION				
Applicant Name: Individual Name (ONE NAME ONLY) or Corporate/O	Group Name			
Primary Contact (first name / last name): (if different from above):				
Mailing Address:	City/Town:	Prov: Postal Code:		
Primary Telephone Number (Home or Cell):	Email address:			
()				
Municipality:				
Applicant type:				
☐ Primary producer responsible for the day-to-day management		s an annual crop, bee, or		
livestock operation) in Alberta that produces at least \$25,000 Indigenous (First Nations, Inuit, Métis)	worth of farm commodities annually			
Environmental Farm Plan (EFP): (must be completed within ten years	from the date your application is re-	ceived)		
☐ A copy of my EFP letter of completion or certificate is attached	• •			
☐ I will submit a copy of my EFP letter of completion or certificat	· · ·			
☐ Wetland Replacement Program - Completion report is attache	d 			
Intake Cycle Year 2: February 1, 2024 – January 31, 2025. All applications will be retroactive to February 1, 2024.				
Grant Project Term: February 1, 2024 – January 31, 2027				
Describe your farming operation as it relates to your project (s) by checking	the appropriate boxes:			
oilseed and grain farming dairy cattle and milk production poultry and egg farming		egg farming		
□ cattle ranching □ hog farming	other anima	l production:		
(Optional) Is your farming operation owned/co-owned by person(s) who identify with one or more of the following groups? (Select all that				
apply): ☐ Woman ☐ Under 40 Years of Age ☐	Indigenous- Metis	Indigenous- Inuit		
☐ Indigenous- First Nations ☐ Indigenous- Other ☐	_	Decline to Identify		







Classification: Public

PART 2: PROJECT INFORMATION

A. Identify the activities that pertain to your project:

- ☐ Activity Code 400 Wetland restoration
- ☐ Activity Code 401 Construction of a new wetland

B. Enter in the legal land description and number of acres for each wetland location.

BMP Activity Code	Legal Land Description (Quarter-Section-Township-Range-Meridian)	No. of Acres	\$1,000 per acre*	Estimated Cost
				-
			Total \$	

^{*}Flat rate payment of \$1,000 per acre

PART 3: APPLICANT DECLARATION PART 1

Have you applied to any other cost-share federal Programs to help support the projects listed above? Please refer to the list of Federal programs in the appendix section of the BMP funding list.	☐ Yes* ☐ No – I have not applied to any other Federal Programs *If you received federal funding for the items listed, you are ineligible for funding under RALP.
Does your project take place on Municipal/County property?	☐ Yes* ☐ Not applicable *If you are applying under Municipal Property/County, you need to provide a copy of your lease agreement.
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 over 3 years; however, I have discussed the project with the person who owns the land and have permission to complete this project. Name of landowner (please print):

NOTE: PLEASE READ CAREFULLY BEFORE SIGNING

State	ement of Certification:
I,	, certify the following: egal name of applicant or authorized representative of applicant
- - -	I am the Applicant or authorized to complete this application on behalf of the Applicant. The Applicant understands and agrees to the Terms and Conditions of the Resilient Agricultural Landscape Program (the "Program"). The Applicant understands that funding for the Program is limited. The Applicant understands that applications under the Program will be processed as outlined in s. 9.0 of the Program Terms and Conditions. tify that the information provided in this application is, to the best of my knowledge,
	complete and correct.
Lega	al Name of Applicant:
Sign	ature of Applicant or Authorized Representative of Applicant:
Must	be handwritten, electronic signatures are not accepted Date: Date:
	The state of the s

When complete, email or mail (do not fax) to:
Resilient Agricultural Landscape Program
Suite 303, 7000-113 Street NW
Edmonton, AB, T6H 5T6

Emails are accepted in PDF format ONLY to: RALP@gov.ab.ca