**Buffalo Trail Riparian**

**Restoration Program (BTRRP)**

With funding from the Government of Alberta and support from our program partners: Cows and Fish, County of Vermilion River, M.D. of Wainwright, County of Paintearth, and Flagstaff County

**2019-2021 Landowner Application Form**

 **Landowner Contact Information:**

|  |  |
| --- | --- |
| NAME |  |
| MAILING ADDRESS (INCL. POSTAL CODE) |  |
| PHONE NUMBER(S) |  |
| EMAIL ADDRESS |  |
| FAX  |  |

**Project Location:**

|  |  |
| --- | --- |
| LEGAL LAND LOCATION(S) | QTR\_\_\_\_\_\_-SEC\_\_\_\_\_\_-TWP\_\_\_\_\_\_-RGE\_\_\_\_\_\_-MER\_\_\_\_\_\_ |

**Land Ownership and Project Permissions** (select ONE of the following):

[ ]  I am the owner of the land on which the project will be implemented.

[ ]  I am not the owner of the land on which the project will be implemented; however, I have discussed the project with the person who owns the land, and have gotten permission to complete this project.

 *Name of landowner:* ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you applied for and/or received funding from another organization for the project costs outlined in this application?**

[ ]  No [ ]  Yes. If yes, list the name of the organization and the amount applied for or received.

 *Name of organization:* ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Describe the project (what you would like to do). Attach a sketch or photos/air photos if possible. What is the management change you are implementing? How is this different from how you are managing the land currently? How will this benefit your operation?**

**How will this project conserve or improve the health of the Battle River, Sounding Creek, tributary streams, surrounding upland habitat, and/or wetland and riparian area health?**

**Project Impacts: Please complete as appropriate for your project**

|  |  |
| --- | --- |
| Length of water body affected by project |  |
| # and type of livestock affected by project |  |
| # of acres of land or native range area (including treed) affected  |  |
| Current land use (crop, hay, pasture, urban park, etc.) |  |

**Ongoing Project Stewardship: What are your ideas for ongoing management and maintenance of the project area after it is completed?**

**Project Budget:**

Please describe and estimate the project costs in the table below.

|  |  |  |
| --- | --- | --- |
|  | Estimated Cost (cash) | Estimated Cost (in-kind) |
| Project Materials | $ | $ |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Project Labour. Contractor fees are eligible expenses; your time is included as in-kind. (In-kind personal time rated at $60/hour.) |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Project Equipment. Contracted or rented equipment is an eligible expense; personal equipment is included as in-kind. |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Other Costs |  |  |
|  |  |  |
| TOTALS  |  |  |

**Landowner Requirements and Considerations**

Please review the following carefully, and initial every item you agree to. Note that items 1 through 8 are required for funding support; items 9 through 12 are optional.

As the landowner (or the renter/lessee, with landowner approval) for the proposed project, if the project is approved for funding through the BTRRP, I will:

|  |  |
| --- | --- |
| **REQUIRED ITEMS** | **Initial** |
| 1. Acquire and maintain all required permits, approvals, permissions, etc. for this project.
 |  |
| 1. Be responsible for all up-front costs associated with this project. I understand BRWA will reimburse me for those project costs which are deemed eligible project expenses, once a funding agreement is in place.
 |  |
| 1. Be responsible for constructing the project such that it meets its intended purpose and ensure it is maintained for the length of time determined in the agreement.
 |  |
| 1. Be responsible for costs associated with all ongoing project maintenance.
 |  |
| 1. Provide reasonable, periodic access to BRWA staff and program partners, for a riparian health inventory or other ecological assessments of the project area (this will include photographing the project site).
 |  |
| 1. Complete the project by February 28, 2022.
 |  |
| 1. Send in receipts for the project by February 28, 2022.
 |  |
| 1. Not hold BRWA, program partners or funders liable for project failures due to unforeseen circumstances.
 |  |
| **OPTIONAL ITEMS** |  |
| 1. Provide the BRWA with a written testimonial of project.
 |  |
| 1. Consider requests by BRWA staff and/or program partners to write and publish printed articles, brochures, etc., or give public presentations about the project, on a case-by-case basis.

**OR** |  |
|  |
| 1. Allow BRWA staff and/or program partners to write and publish printed articles, brochures, etc., or give public presentations about the project, unconditionally.
 |  |
| 1. Consider requests by BRWA staff and/or program partners to include the project in future tours, field days, demonstrations, etc., on a case-by-case basis.
 |  |

I have reviewed this application, and submit it for consideration for funding support through the BTRRP.

Signature Date

Please email or mail this Application Form to the Battle River Watershed Alliance.
Email: Sarah@battleriverwatershed.ca
Mail: Box 3, 5415 49 Avenue, Camrose, AB T4V 0N6
*QUESTIONS? Call Sarah Skinner at 780-672-0276*