



## ALTERNATIVE PHOSPHORUS APPLICATION PRACTICES

| PLEASE COMPLETE THE FOLLOWING APPLICATION & FORWARD TO:       |                                       |
|---|---------------------------------------|
| ST. CLAIR CONSERVATION AUTHORITY: <b>ATTN: KAILEY MICHNAL</b> |                                       |
| 205 MILLPOND CRESCENT, STRATHROY, ON N7G 3P9                  |                                       |
| <b>EMAIL:</b> KMICHNAL@SCRCA.ON.CA                            | <b>PHONE:</b> (519) 245-3710 EXT. 126 |
| <b>FAX:</b> (519) 245-3348                                    |                                       |

| PERSONAL INFORMATION                          |                     |
|---|---------------------|
| <b>FIRST NAME:</b>                            | <b>LAST NAME:</b>   |
| <b>MAILING ADDRESS:</b>                       |                     |
| <b>CITY:</b>                                  | <b>POSTAL CODE:</b> |
| <b>EMAIL:</b>                                 | <b>PHONE:</b>       |
| <b>ALT. EMAIL (IF USING A GRANT SERVICE):</b> |                     |
| <b>FARM BUSINESS NAME:</b>                    |                     |
| <b>FARM BUSINESS NUMBER (REQUIRED):</b>       |                     |

| PREFERRED METHOD OF CONTACT  |
|--|
| <input type="checkbox"/> <b>BY PHONE</b><br><input type="checkbox"/> <b>BY EMAIL</b><br><input type="checkbox"/> <b>PLEASE CONTACT MY CCA</b> <ul style="list-style-type: none"> <li>○ <b>CCA NAME:</b> _____</li> <li>○ <b>AGRIBUSINESS NAME:</b> _____</li> <li>○ <b>CCA PHONE NUMBER:</b> _____</li> <li>○ <b>CCA EMAIL:</b> _____</li> </ul> <input type="checkbox"/> <b>PLEASE CONTACT THE PERSON BELOW:</b> <ul style="list-style-type: none"> <li>○ <b>NAME:</b> _____</li> <li>○ <b>THEIR RELATIONSHIP TO YOU:</b> _____</li> <li>○ <b>PHONE NUMBER:</b> _____</li> <li>○ <b>EMAIL:</b> _____</li> </ul> |

### MAIN PROJECT LOCATION

\*If you are applying for multiple fields, please provide the following details and a map for all fields. Additional "Project Location" forms can be found at the end of this application.

**FIELD NAME:**

**CLOSEST ADDRESS:**

**GPS COORDINATES:**

X: \_\_\_\_\_ Y: \_\_\_\_\_

**CITY:**

**TOWNSHIP:**

**LOT:**

**CONCESSION:**

**SIZE OF FIELD (AC):**

**I AM APPLYING FOR MULTIPLE FIELDS:**

**YES**

**NO**

**ARE YOU THE LANDOWNER OR RENTER?**

- Owner**
- Renter**

### WHAT ALTERNATIVE PHOSPHORUS APPLICATION PRACTICE(S) ARE YOU APPLYING FOR FUNDING TO USE?

Note: This funding applies only to phosphorus application practices. Application of other nutrients is not eligible.

Farmers are eligible for a maximum of 400 acres per category. Farmers may apply for more than one category if the phosphorus application method will be applied to different acres.

For example, you may be eligible to receive funding for up to 400 acres under the VRA with Mapping category for Field A plus an additional 400 acres under the Banding of Dry Phosphorus at Planting category on Field B.

***Categories cannot be combined on the same acres.***

For example, VRA with Mapping and Banding of Dry Phosphorus at Planting cannot be combined on Field A.

If you are applying for more than one phosphorus application practice, you may use the same application and complete the "Additional Project Locations" table on page 15.

- Variable Rate Application (VRA) with Mapping**
- Banding of Dry Phosphorus at Planting**
- Subsurface Application of Phosphorus through Strip Tillage**
- Manure Injection**

**PLEASE SELECT ALL ADDITIONAL BMPs YOU WILL BE APPLYING FOR:**

**Note: This will not affect your application. Applying for multiple BMPs is encouraged. Each FBN is eligible for a maximum of \$50,000 per year.**

- Cover Crop Incentive
- Restoring Natural Cover, Windbreaks & Riparian Buffers/Filter Strips
- Wetland Restoration
- Erosion Control Structures
- Livestock Restriction from Watercourses
- Alternative Watering Systems for Livestock (in conjunction with a fencing project)
- Phosphorus Application Equipment Purchases and/or Modifications
- 4R Nutrient Management Services
- Alternative Phosphorus Applications

**REQUIREMENTS FOR APPLICATION OF EACH BMP**

**GRANT RATE:** \$10/acre

**GRANT MAXIMUM:** \$4,000 (400 ac)

**APPLICATION INTAKE:**

**APPLICATION DEADLINE:**

April 1, 2026 @ 10:00 AM

December 1, 2026

**SUPPORTING DOCUMENTS MUST BE SUBMITTED BY DECEMBER 31, 2026**

**Before applying, please review the guidelines to ensure the practice(s) you are applying to receive funding for align with the guidelines.**

**Variable Rate Application with Mapping**

**To apply, submit:**

- This completed application.
- Soil sample report from an accredited lab within the last three years.
- PDF documentation of soil sampling points and field boundaries.
- VRA Prescription File/Maps (PDF and shapefiles).
- If custom-applied: A quote (dated within last 30 days) or an invoice dated on or after April 1, 2026.

**Required to receive payment (if your application is approved):**

- If phosphorus is custom applied: An invoice (dated on or after April 1, 2026) from the custom operator for the variable rate application. Invoices are required to be marked "paid", and have the applicant's name, field name(s), and acreages associated with each field as well as the nutrient analysis ratio/content being applied.
- If phosphorus is applied by the applicant: An invoice (dated on or after April 1, 2026) of the phosphorus fertilizer purchased and a photo submission of the

|  |  |
|--|--|
|  | <p>equipment in use in the field on the day of application. Invoices are required to be marked “paid” and have the applicant’s name, field name(s), and acreages associate with each field, as well as the nutrient analysis ratio/content being applied.</p>  |
| <p><b>Banding of Dry Phosphorus at Planting</b></p>                      | <p><b>To apply, submit:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> This completed application.</li> <li><input type="checkbox"/> A dated fertilizer quote with analysis (dated within the last 30 days) or a dated invoice (on or after April 1, 2026). Invoices are required to be marked “paid” and have the applicant’s name, field name(s), and acreages associate with each field, as well as the nutrient analysis ratio/content being applied.</li> </ul> <p><b>Required to receive payment</b> (if your application is approved):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A dated phosphorus fertilizer invoice (on or after April 1, 2026). Invoices are required to be marked “paid” and have the applicant’s name, field name(s), and acreages associate with each field, as well as the nutrient analysis ratio/content being applied.</li> <li><input type="checkbox"/> A photo of the fertilizer unit in use in the field on the day of planting.</li> </ul>            |
| <p><b>Subsurface Application of Phosphorus Through Strip Tillage</b></p> | <p><b>To apply, submit:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> This completed application.</li> <li><input type="checkbox"/> A dated phosphorus fertilizer quote with analysis (dated within the last 30 days) or a dated invoice (on or after April 1, 2026). Invoices are required to be marked “paid” and have the applicant’s name, field name(s), and acreages associate with each field, as well as the nutrient analysis ratio/content being applied.</li> </ul> <p><b>Required to receive payment</b> (if your application is approved):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A dated phosphorus fertilizer invoice (on or after April 1, 2026). Invoices are required to be marked “paid” and have the applicant’s name, field name(s), and acreages associate with each field, as well as the nutrient analysis ratio/content being applied.</li> <li><input type="checkbox"/> A photo of the fertilizer unit in use in the field on the day of planting.</li> </ul> |

|                                |  |
|--------------------------------|--|
| <p><b>Manure Injection</b></p> | <p><b>To apply, submit:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> This completed application.</li> <li><input type="checkbox"/> A copy of the manure laboratory analysis dated within the last year.</li> <li><input type="checkbox"/> <u>If manure is custom applied:</u> A quote dated within the last 30 days, or an invoice dated after April 1, 2026.</li> </ul> <p><b>Required to receive payment</b> (if your application is approved):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <u>If manure is custom injected:</u> A dated invoice (on or after April 1, 2026) from the custom operator. Invoices are required to be marked “paid” and have the applicant’s name, field name(s), and acreages associate with each field.</li> <li><input type="checkbox"/> <u>If manure is injected by the applicant:</u> A photo of the injection equipment in use in the field on the day of manure application.</li> </ul> |
|--------------------------------|--|

**DESCRIBE ANY CONCERNS/ISSUES REGARDING PHOSPHORUS RUNOFF ON YOUR FARM.**

**CURRENT PRACTICES AND FIELD INFORMATION**

**PLEASE COMPLETE ALL QUESTIONS IN THIS SECTION.**

**WHAT PHOSPHORUS APPLICATION METHOD(S) DO YOU CURRENTLY USE?**

Please select all that apply:

- Broadcasting with incorporation in:**
  - Spring
  - Fall
- Broadcasting without incorporation in:**
  - Spring
  - Fall
- Banding prior to seeding**

- Side-banding/below-banding at planting (within 2" of the seed)**
- Deep banding (beyond 2" from the seed)**
- Seed placement at planting (at the seed)**
- Foliar**
- Strip till**
- Manure:**
  - Liquid broadcast
  - Dry broadcast
  - Direct injection
- Other:** \_\_\_\_\_

**PLEASE FILL IN THE FOLLOWING INFORMATION REGARDING YOUR MOST RECENT PHOSPHORUS APPLICATION METHOD(S) (PRIOR TO 2026):**

Note: please provide the product name if you cannot provide the actual P<sub>2</sub>O<sub>5</sub> content.

**1<sup>st</sup> phosphorus/nutrient application of the season (if applicable):**

**Year:** \_\_\_\_\_

**Season** applied: \_\_\_\_\_

**Crop:** \_\_\_\_\_

**Crop growth stage** when applied: \_\_\_\_\_

**Type** (dry/liquid) applied: \_\_\_\_\_

**Amount** applied (lbs/acre): \_\_\_\_\_

**Name** of product: \_\_\_\_\_

**Ratio** of nutrients if using a blend: \_\_\_\_\_

**Method** of application (e.g. broadcast, banded): \_\_\_\_\_

**2<sup>nd</sup> phosphorus/nutrient application of the season (if applicable):**

**Year:** \_\_\_\_\_

**Season** applied: \_\_\_\_\_

**Crop:** \_\_\_\_\_

**Crop growth stage** when applied: \_\_\_\_\_

**Type** (dry/liquid) applied: \_\_\_\_\_

**Amount** applied (lbs/acre): \_\_\_\_\_

**Name** of product: \_\_\_\_\_

**Ratio** of nutrients if using a blend: \_\_\_\_\_

**Method** of application (e.g. broadcast, banded): \_\_\_\_\_

**3<sup>rd</sup> phosphorus/nutrient application of the season (if applicable):**

**Year:** \_\_\_\_\_

**Season** applied: \_\_\_\_\_

**Crop:** \_\_\_\_\_

**Crop growth stage** when applied: \_\_\_\_\_

**Type** (dry/liquid) applied: \_\_\_\_\_

**Amount** applied (lbs/acre): \_\_\_\_\_

**Name** of product: \_\_\_\_\_

**Ratio** of nutrients if using a blend: \_\_\_\_\_

**Method** of application (e.g. broadcast, banded): \_\_\_\_\_

**DO YOU USE COVER CROPS?**

**YES**

**NO**

**IF YES, PLEASE ANSWER THE BELOW QUESTIONS:**

**WHICH COVER CROP SPECIES DO YOU USE?**

**WHAT IS YOUR CROP ROTATION?**

**WHAT COVER CROP ARE YOU CURRENTLY ON?**

**WHERE DO YOUR COVER CROPS FIT INTO ROTATION (EG. AFTER WHEAT)?**

**WHAT IS YOUR COVER CROP TERMINATION METHOD?**

**WHAT ARE YOUR CURRENT TILLAGE PRACTICES (INCLUDING TIMING, NUMBER OF PASSES, ETC.)?**

**DO YOU HAVE AN UP-TO-DATE THREE-YEAR CROP NUTRIENT MANAGEMENT PLAN WITH A CERTIFIED PROFESSIONAL AGRONOMIST OR CERTIFIED CROP ADVISOR?**

**YES**

**NO**

**PLEASE CHECK SOIL TESTING METHODS YOU HAVE USED IN THE PAST (PRIOR TO 2026):**

- I haven't done any testing
- A few samples per field
- SoilOptix testing
- 2.5 ac grid sampling
- 5.0 ac grid sampling
- 2.5 ac zone sampling
- 5.0 ac zone sampling
- Bulk or composite testing
- Other: \_\_\_\_\_

**VARIABLE RATE APPLICATION WITH MAPPING**

**PLEASE ONLY FILL IN THIS SECTION IF YOU ARE APPLYING FOR THE VARIABLE RATE CATEGORY**

**IS THIS YOUR FIRST TIME USING VARIABLE RATE APPLICATION FOR PHOSPHORUS?**

**YES      NO**

**HAS THIS PRACTICE BEEN USED ON THIS FIELD PREVIOUSLY?**

- Yes, but not for 5+ years
- Yes, this is our routine practice
- No, this field is new to this practice

**ON WHICH SOIL TESTING METHOD WILL YOU BE BASING YOUR VARIABLE RATE PHOSPHORUS APPLICATION FOR THE 2026 GROWING SEASON?**

Note: all soil sample reports must be from accredited lab and completed within the last three years.

- SoilOptix testing
- 2.5 ac grid sampling
- 5.0 ac grid sampling
- 2.5 ac zone sampling
- 5.0 ac zone sampling
- Other: \_\_\_\_\_

**ON WHAT INFORMATION AND FROM WHOM (EG., CCA, AGRONOMIST, ETC.) ARE YOUR PHOSPHORUS APPLICATION RATES BASED?**

**IF YOU HAVE NOT YET CONSULTED A CCA OR MAPPING SERVICES, WHEN WILL YOU BE ARRANGING FOR THESE SERVICES TO BE COMPLETED?**

**MONTH:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_

**FOR THE 2026 GROWING SEASON, HOW MANY ACRES OF THE FIELD(S) HAVE BEEN/WILL BE EVALUATED USING MAPPING, SOIL ANALYSIS AND/OR CCA RECOMMENDATIONS?**

**# ACRES:** \_\_\_\_\_

**FOR THE 2026 GROWING SEASON, HOW MANY ACRES WILL/ARE ANTICIPATED TO REQUIRE AN APPLICATION OF PHOSPHORUS?**

**# ACRES:** \_\_\_\_\_

Note: Farms are eligible for funding for VRA phosphorus application for up to 400 acres of farmland. With the relevant mapping/soil analysis/CCA recommendations provided, funding may be granted for the full number of acres assessed/evaluated, regardless of phosphorus need.

*For example, a 100-acre field is assessed using mapping and soil analysis. Using the results of the mapping and soil analysis, a CCA may recommend that phosphorus be applied to only 70 of the 100 acres. The farmer can apply for funding for the full 100 acres.*

**PLEASE FILL IN THE BELOW INFORMATION FOR YOUR PLANNED 2026 VARIABLE RATE PHOSPHORUS APPLICATIONS:**

Note: please provide the product name if you cannot provide the actual P<sub>2</sub>O<sub>5</sub> content.

**1<sup>st</sup> VRA phosphorus application (if applicable):**

**Anticipated month of application:** \_\_\_\_\_

**Crop receiving phosphorus:** \_\_\_\_\_

**Crop growth stage** when applied: \_\_\_\_\_

**Type** (dry/liquid) of phosphorus applied: \_\_\_\_\_

**Amount** applied (lbs/acre): \_\_\_\_\_

**Name** of product: \_\_\_\_\_

**Ratio** of nutrients if using a blend: \_\_\_\_\_

**Method** of application (e.g. broadcast, banded): \_\_\_\_\_

**2<sup>nd</sup> VRA phosphorus application (if applicable):**

**Anticipated month of application:** \_\_\_\_\_

**Crop growth stage** when applied: \_\_\_\_\_

**Type** (dry/liquid) of phosphorus applied: \_\_\_\_\_

**Amount** applied (lbs/acre): \_\_\_\_\_

**Name** of product: \_\_\_\_\_

**Ratio** of nutrients if using a blend: \_\_\_\_\_

**Method** of application (e.g. broadcast, banded): \_\_\_\_\_

**3<sup>rd</sup> VRA phosphorus application (if applicable):**

**Anticipated month of application:** \_\_\_\_\_

**Crop growth stage** when applied: \_\_\_\_\_

**Type** (dry/liquid) of phosphorus applied: \_\_\_\_\_

**Amount** applied (lbs/acre): \_\_\_\_\_

**Name** of product: \_\_\_\_\_

**Ratio** of nutrients if using a blend: \_\_\_\_\_

**Method** of application (e.g. broadcast, banded): \_\_\_\_\_

**WHAT IS THE ESTIMATED COST PER ACRE FOR YOUR PROPOSED APPLICATION?**

Note: only include the cost of fertilizer; do not include costs associated with hiring third-party applicators.

**\$**

**BANDING OF DRY PHOSPHORUS AT PLANTING**

**PLEASE ONLY FILL IN THIS SECTION IF YOU ARE APPLYING FOR THE BANDING OF DRY PHOSPHORUS CATEGORY**

**IS THIS YOUR FIRST TIME BANDING DRY PHOSPHORUS?**

**YES**

**NO**

**ARE THESE FIELDS NEW TO BANDING DRY PHOSPHORUS?**

**YES**

**NO**

**ON WHAT INFORMATION AND FROM WHOM (EG., CCA, AGRONOMIST, ETC.) ARE YOUR PHOSPHORUS APPLICATION RATES BASED?**

**FOR THE 2026 GROWING SEASON, PLEASE FILL IN THE FOLLOWING INFORMATION, AS APPLICABLE:**

Note: please provide the product name if you cannot provide the actual P<sub>2</sub>O<sub>5</sub> content.

**Number of acres to receive banded dry phosphorus:** \_\_\_\_\_

**Anticipated month of application:** \_\_\_\_\_

**Crop** receiving phosphorus fertilizer: \_\_\_\_\_

**Crop growth stage** at application: \_\_\_\_\_

**Amount** applied (lbs/acre): \_\_\_\_\_

**Name** of product: \_\_\_\_\_

**Ratio** of nutrients if using a blend: \_\_\_\_\_

**WHAT IS THE ESTIMATED COST PER ACRE FOR YOUR PROPOSED APPLICATION?**

Note: only include the cost of fertilizer; do not include costs associated with hiring third-party applicators.

\$

**IF YOU ARE USING ADDITIONAL PHOSPHORUS APPLICATION METHODS (E.G. BROADCASTING, FOLIAR), WHAT IS THE TOTAL AMOUNT OF PHOSPHORUS (LBS) YOU WILL BE APPLYING OVER THE ENTIRE SEASON (FROM SEEDING TO HARVEST) FOR EACH APPLICATION METHOD?**

Please write the method type and TOTAL amount of phosphorus that will be applied over the entire season for each application method:

**Method 1:** \_\_\_\_\_ ; **Total P used:** \_\_\_\_\_ lbs

**Method 2:** \_\_\_\_\_ ; **Total P used:** \_\_\_\_\_ lbs

**SUBSURFACE APPLICATION OF PHOSPHORUS THROUGH STRIP TILLAGE**

**PLEASE ONLY FILL IN THIS SECTION IF YOU ARE APPLYING FOR THE SUBSURFACE APPLICATION OF PHOSPHORUS THROUGH STRIP TILLAGE CATEGORY**

**IS THIS YOUR FIRST TIME USING A SUBSURFACE APPLICATION OF PHOSPHORUS THROUGH STRIP TILLAGE?**

**YES NO**

**ARE THESE FIELDS NEW TO USING A SUBSURFACE APPLICATION OF PHOSPHORUS THROUGH STRIP TILLAGE?**

**YES NO**

**ON WHAT INFORMATION AND FROM WHOM (EG., CCA, AGRONOMIST, ETC.) ARE YOUR PHOSPHORUS APPLICATION RATES BASED?**

**FOR THE 2026 GROWING SEASON, PLEASE FILL IN THE FOLLOWING INFORMATION, AS APPLICABLE:**

Note: please provide the product name if you cannot provide the actual P<sub>2</sub>O<sub>5</sub> content.

**Number of acres to have phosphorus applied with strip tillage:** \_\_\_\_\_

**Anticipated month of application:** \_\_\_\_\_

**Crop** receiving phosphorus fertilizer: \_\_\_\_\_

**Crop growth stage** at application: \_\_\_\_\_

**Amount** applied (lbs/acre): \_\_\_\_\_

**Name** of product: \_\_\_\_\_

**Ratio** of nutrients if using a blend: \_\_\_\_\_

**IF YOU ARE USING ADDITIONAL PHOSPHORUS APPLICATION METHODS (E.G. BROADCASTING, FOLIAR), WHAT IS THE TOTAL AMOUNT OF PHOSPHORUS (LBS/AC) YOU WILL BE APPLYING OVER THE ENTIRE SEASON (FROM SEEDING TO HARVEST) FOR EACH APPLICATION METHOD?**

Please write the method type and TOTAL amount of phosphorus that will be applied using this method over the entire season:

**Method 1:** \_\_\_\_\_ ; **Total P used:** \_\_\_\_\_ lbs

**Method 2:** \_\_\_\_\_ ; **Total P used:** \_\_\_\_\_ lbs

|   |                  |
|---|------------------|
| <p><b>WHAT IS THE ESTIMATED COST PER ACRE FOR YOUR PROPOSED APPLICATION?</b></p> <p>Note: only include the cost of fertilizer; do not include costs associated with hiring third-party applicators.</p> | <p><b>\$</b></p> |
|---|------------------|

| MANURE INJECTION APPLICATION   |                           |
|--|---------------------------|
| <p><b>PLEASE ONLY FILL IN THIS SECTION IF YOU ARE APPLYING FOR THE MANURE INJECTION CATEGORY</b></p>   |                           |
| <p><b>IS THIS YOUR FIRST TIME USING MANURE INJECTION?</b></p>  | <p><b>YES      NO</b></p> |
| <p><b>ARE THESE FIELDS NEW TO USING MANURE INJECTION?</b></p>  | <p><b>YES      NO</b></p> |
| <p><b>ON WHAT INFORMATION AND FROM WHOM (EG., CCA, AGRONOMIST, ETC.) ARE YOUR MANURE APPLICATION RATES BASED?</b></p><br>  |                           |
| <p><b>FOR THE 2026 GROWING SEASON, PLEASE FILL IN THE FOLLOWING INFORMATION, AS APPLICABLE:</b></p> <p><b>Number of acres</b> to receive manure injection: _____</p> <p><b>Season</b> manure will be applied: _____</p> <p><b>Crop(s)</b> receiving manure injection: _____</p> <p><b>Crop growth stage</b> manure will be applied: _____</p> <p><b>Animal source</b> of manure: _____</p> <p><b>Amount</b> used (lbs/acre): _____</p> |                           |
| <p><b>IS THE MANURE TESTED BY AN ACCREDITED LAB?</b></p>   | <p><b>YES      NO</b></p> |

| HOW DID YOU HEAR ABOUT THIS PROGRAM? |                           |
|--------------------------------------|---------------------------|
| <input type="checkbox"/>             | MY CCA                    |
| <input type="checkbox"/>             | SOCIAL MEDIA              |
| <input type="checkbox"/>             | SCRCA WEBSITE             |
| <input type="checkbox"/>             | EMAIL FROM SCRCA          |
| <input type="checkbox"/>             | NEWSLETTER/NEWSPAPER      |
| <input type="checkbox"/>             | COMMUNITY WORKSHOP/EVENT  |
| <input type="checkbox"/>             | NEIGHBOURS/FRIENDS/FAMILY |
| <input type="checkbox"/>             | SUPPLIER/CO-OP            |
| <input type="checkbox"/>             | POSTER/FLYER              |
| <input type="checkbox"/>             | OTHER: _____              |

**LANDOWNER ACKNOWLEDGEMENT:**

**I acknowledge that submitting an application does not guarantee funding.**

If my application is approved, I do not hold liable the St. Clair Region Conservation Authority for any amount of the invoice above the approved grant allocation nor any additional works over and above the agreed upon project.

Please note, by submitting an application, you consent to allowing St. Clair Region Conservation Authority (SCRCA) to collect, manage, and share the project cost, project coordinates, and crop management data associated with the project. The data collected by SCRCA will be shared with government partners and university researchers to assist with tracking the industry’s progress towards addressing the watershed environmental challenges and program goals. Personal data including name, home address, and contact information **will not be shared externally**. Any data shared publicly will be in aggregate form and no business or personal identities will be shared with other organizations or agencies. SCRCA is committed to keeping the personal information of applicants confidential, secure, and private.

An example of how data maybe aggregated and shared publicly: 25 producers in the Brown Creek Subwatershed planted over 3,000 acres in cover crops this fall.

| <input type="checkbox"/> I HAVE READ AND UNDERSTAND THE 2026 GUIDELINES PERTAINING TO THIS BEST MANAGEMENT PRACTICE FUNDING CATEGORY. |              |
|---|--------------|
| <b>SIGNATURE:</b>   | <b>DATE:</b> |

## EXAMPLE FERTILIZER INVOICE

Invoices are required to be marked “paid” and have the **applicant’s name, field name(s)**, and **acres** associate with each field, as well as the **nutrient analysis ratio/content** being applied.

| Item No.             | Description   | Qty.   | Unit Price | Purchase Price       | Total Price     |
|----------------------|---|--------|------------|----------------------|-----------------|
| 100000               | Custom Blend<br><b>Guaranteed Minimum Analysis</b><br>Total Nitrogen 2.2%<br>Available Phosphoric Acid 10.5%<br>Soluble Potash 30.1%<br>Density 1,145 kg/m <sup>3</sup> | 2.5 MT | 700.50     | 700.50               | 1,730.65        |
| 950022               | Fertilizer Wagon Rental   | 2.5 MT | 15.00      | 15.00                | 94.75           |
| 100720               | Delivery Fertilizer – Farm<br><b>Orchard Farms (52 ac) – John Doe</b>   | 2.5 MT | 7.25       | 7.25                 | 14.50           |
|                      |   |        |            | <b>Subtotal:</b>     | 1,839.90        |
|                      |   |        |            | HST:                 | 239.19          |
|                      |   |        |            | Net Due:             | 2,079.09        |
|                      |   |        |            | Prepayments Applied: | 0.00            |
| <b>Paid By: VISA</b> |   |        |            | <b>Total CAD:</b>    | <b>2,079.09</b> |

### ADDITIONAL PROJECT LOCATIONS

If you would like to apply for additional fields, you may email/call Kailey Michnal to request extra field templates or record the below information on a separate piece of paper for each field.

#### FIELD 2

**FIELD NAME:** \_\_\_\_\_

**GPS COORDINATES:**

X: \_\_\_\_\_ Y: \_\_\_\_\_

**CITY:**

**TOWNSHIP:**

**LOT:**

**CON:**

**# ACRES IN THIS FIELD:**

**PRACTICE(S) APPLYING FOR ON THIS FIELD:**

Each field is only eligible for one practice.

- Variable Rate Application (VRA) with Mapping**
- Banding of Dry Phosphorus at Planting**
- Subsurface Application of Phosphorus Through Strip Tillage**
- Manure Injection**

**HAS THIS PRACTICE BEEN USED ON THIS FIELD PREVIOUSLY?**

- Yes, but not for 5+ years**
- Yes, this is our routine practice**

No, this field is new to this practice

**IF THE APPLICATION OF MANURE/PHOSPHORUS TO THIS FIELD WILL DIFFER FROM OTHER FIELDS, PLEASE DESCRIBE HOW:**

**FIELD 3**

**FIELD NAME:** \_\_\_\_\_

**GPS COORDINATES:**

X: \_\_\_\_\_ Y: \_\_\_\_\_

**CITY:**

**TOWNSHIP:**

**LOT:**

**CON:**

**# ACRES IN THIS FIELD:**

**PRACTICE(S) APPLYING FOR ON THIS FIELD:**

Each field is only eligible for one practice.

- Variable Rate Application (VRA) with Mapping**
- Banding of Dry Phosphorus at Planting**
- Subsurface Application of Phosphorus Through Strip Tillage**
- Manure Injection**

**HAS THIS PRACTICE BEEN USED ON THIS FIELD PREVIOUSLY?**

- Yes, but not for 5+ years**
- Yes, this is our routine practice**
- No, this field is new to this practice**

**IF THE APPLICATION OF MANURE/PHOSPHORUS TO THIS FIELD WILL DIFFER FROM OTHER FIELDS, PLEASE DESCRIBE HOW:**

| FIELD 4   |      |                        |
|---|------|------------------------|
| FIELD NAME: _____   |      |                        |
| GPS COORDINATES:<br>X: _____ Y: _____   |      |                        |
| CITY:   |      | TOWNSHIP:              |
| LOT:  | CON: | # ACRES IN THIS FIELD: |
| <b>PRACTICE(S) APPLYING FOR ON THIS FIELD:</b><br>Each field is only eligible for one practice. <ul style="list-style-type: none"> <li><input type="checkbox"/> Variable Rate Application (VRA) with Mapping</li> <li><input type="checkbox"/> Banding of Dry Phosphorus at Planting</li> <li><input type="checkbox"/> Subsurface Application of Phosphorus Through Strip Tillage</li> <li><input type="checkbox"/> Manure Injection</li> </ul> |      |                        |
| <b>HAS THIS PRACTICE BEEN USED ON THIS FIELD PREVIOUSLY?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, but not for 5+ years</li> <li><input type="checkbox"/> Yes, this is our routine practice</li> <li><input type="checkbox"/> No, this field is new to this practice</li> </ul>  |      |                        |
| <b>IF THE APPLICATION OF MANURE/PHOSPHORUS TO THIS FIELD WILL DIFFER FROM OTHER FIELDS, PLEASE DESCRIBE HOW:</b><br><br>  |      |                        |

| FIELD 5   |      |                        |
|---|------|------------------------|
| FIELD NAME: _____   |      |                        |
| GPS COORDINATES:<br>X: _____ Y: _____   |      |                        |
| CITY:   |      | TOWNSHIP:              |
| LOT:  | CON: | # ACRES IN THIS FIELD: |
| <b>PRACTICE(S) APPLYING FOR ON THIS FIELD:</b><br>Each field is only eligible for one practice. <ul style="list-style-type: none"> <li><input type="checkbox"/> Variable Rate Application (VRA) with Mapping</li> <li><input type="checkbox"/> Banding of Dry Phosphorus at Planting</li> <li><input type="checkbox"/> Subsurface Application of Phosphorus Through Strip Tillage</li> <li><input type="checkbox"/> Manure Injection</li> </ul> |      |                        |
| <b>HAS THIS PRACTICE BEEN USED ON THIS FIELD PREVIOUSLY?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, but not for 5+ years</li> <li><input type="checkbox"/> Yes, this is our routine practice</li> <li><input type="checkbox"/> No, this field is new to this practice</li> </ul>  |      |                        |

**IF THE APPLICATION OF MANURE/PHOSPHORUS TO THIS FIELD WILL DIFFER FROM OTHER FIELDS, PLEASE DESCRIBE HOW:**

|   |             |                               |
|---|-------------|-------------------------------|
| <b>FIELD 6</b>  |             |                               |
| <b>FIELD NAME:</b> _____  |             |                               |
| <b>GPS COORDINATES:</b><br>X: _____ Y: _____  |             |                               |
| <b>CITY:</b>  |             | <b>TOWNSHIP:</b>              |
| <b>LOT:</b>   | <b>CON:</b> | <b># ACRES IN THIS FIELD:</b> |
| <b>PRACTICE(S) APPLYING FOR ON THIS FIELD:</b><br>Each field is only eligible for one practice. <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Variable Rate Application (VRA) with Mapping</b></li> <li><input type="checkbox"/> <b>Banding of Dry Phosphorus at Planting</b></li> <li><input type="checkbox"/> <b>Subsurface Application of Phosphorus Through Strip Tillage</b></li> <li><input type="checkbox"/> <b>Manure Injection</b></li> </ul> |             |                               |
| <b>HAS THIS PRACTICE BEEN USED ON THIS FIELD PREVIOUSLY?</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Yes, but not for 5+ years</b></li> <li><input type="checkbox"/> <b>Yes, this is our routine practice</b></li> <li><input type="checkbox"/> <b>No, this field is new to this practice</b></li> </ul>   |             |                               |
| <b>IF THE APPLICATION OF MANURE/PHOSPHORUS TO THIS FIELD WILL DIFFER FROM OTHER FIELDS, PLEASE DESCRIBE HOW:</b>  |             |                               |

**IF YOU WOULD LIKE TO APPLY FOR ADDITIONAL FIELDS, YOU MAY CALL OR EMAIL KAILEY MICHNAL (INFORMATION PROVIDED ON PAGE 1) TO REQUEST ADDITIONAL FORMS, OR YOU CAN WRITE THE ABOVE-LISTED INFORMATION ON A BLANK SHEET OF PAPER AND SUBMIT IT WITH YOUR APPLICATION.**