

A) GENERAL APPLICANT INFORMATION:

Surname or Business Name	First Name	Initial	Municipality
			Social Insurance or Business Identification Number
Mailing Address			Telephone Number(s)
		Province	Cellular Number
Postal Code	Legal Description of Home Quarter	Legal Description of Livestock Location	Fax Number

B) NUMBER OF ELIGIBLE ANIMALS TO BE OVERWINTERED AND NORMAL FEED SOURCE:

<input type="text"/>	Number of Cows/Bulls	<input type="text"/>	Number of Herd Replacements	<input type="text"/>	Number of Calves	Other Eligible Livestock Type: _____	Number: _____
<input type="text"/>	Number of Tame Hay Acres	<input type="text"/>	Number of Native Hay Acres	<input type="text"/>	Number of Greenfeed/Silage Acres	<input type="text"/>	Number of Pasture Acres

C) FEED TRANSPORTATION INFORMATION:

Note: Copies of sales receipts, trucking invoices and proof of payment for hay and straw must be attached. If no third party receipts are available please discuss with your local MAFRI representative.

Commodity (hay, straw, grain, pelleted screenings)	Number of Bales	Bale Weight (kg/lbs)	Concentrate Weight (kg/lbs)	One Way Distance	Unit of Measure (km/miles)	Information On Where Feed Was Picked Up		
						Name	Phone Number	Location

D) ANIMAL TRANSPORTATION INFORMATION:

Note: Copies of trucking invoices and proof of payment must be attached. If no third party trucking invoices are available please discuss with your local MAFRI representative.

Type of Livestock	Number of Animals	Legal Description Where Animals Were Moved From	One Way Distance	Unit of Measure (km/miles)	Information On Where Livestock Were Moved To		
					Name	Phone Number	Location

E) OTHER AMOUNTS RECEIVED FROM OTHER GOVERNMENT AND NON-GOVERNMENT SOURCES TO COVER TRANSPORTATION COSTS

Any Other Transportation Assistance Received	\$ Amount Received

F) STATEMENT OF CERTIFICATION:

The Applicant acknowledges, consents and agrees that:

- I/we are the eligible applicant(s) or have duly authorized powers of attorney to sign on behalf of the applicant, with a copy of the related powers of attorney being attached;
- I/we own or lease the animals claimed in this application and did hold title as of August 1, 2008;
- I/we understand and agree to the Terms and Conditions of the Manitoba Forage Assistance Program, as available from Manitoba Agriculture, Food and Rural Initiatives;
- I/we authorize the release of any information to the Manitoba Forage Assistance Program administrators relating to my/our farming or business operations from any government department, agency or corporation, for the purpose of verifying information under this application;
- I/We certify that I/We will supply to MAFRI, AAFC, MASC or their representative, on request, any relevant documentation requested to administer this program;
- I/We consent to on-site audits by MAFRI, AAFC, MASC at any time to verify program eligibility and to evaluate and enforce the provisions of this program;
- I/We agree that MAFRI, AAFC or MASC can share between themselves any information contained on this application form as well as any documentation requested;
- I/We agree to return all or part of the funds received under this program to MAFRI and AAFC should an audit subsequently determine the funds have been received in contravention of the program eligibility requirements, these obligations, and/or the laws of the province of Manitoba and federal laws of Canada.
- I/We agree that MAFRI, AAFC and MASC may review, as necessary, information held by the respective governments related to other programs in which I/We am/are enrolled to verify the information provided on this application form.
- I/We understand that the Business Number or GST Registration Number is collected and disclosed under the authority of the *Income Tax Act* of Canada for the purposes of reporting income.
- If the Applicant is a former federal public office holder, the Applicant agrees that no benefit under this Program shall be paid unless the Applicant is in compliance with all federal government conflict of interest and post-employment guidelines.
- The information given on this application is true and correct to the best of my knowledge.

Date	Signature of Applicant(s) please sign & print
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The personal information requested on this application is collected under the authority of the provincial *Freedom of Information and Protection of Privacy Act* and the federal *Privacy Act*. Your personal information may be used to contact you about this application and to inform you about any other extension, stabilization, assistance or disaster programs and for verification, audit, analysis, evaluation, policy analysis and program development.

Date	Signature of MAFRI Representative
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