

Agriculture Water Management Fund

Appendix A: Application

Please complete the application form below and submit it with all necessary documentation of expenditures to the Water Security Agency by emailing AWMFund@wsask.ca.

Part 1: Applicant Information

- Client Type:
- | | |
|--|--|
| <input type="checkbox"/> Consultants recognized as Qualified Persons | <input type="checkbox"/> Conservation and Development Area Authorities (C&D) |
| <input type="checkbox"/> Rural Municipality | <input type="checkbox"/> Watershed Association Boards |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> First Nation | <input type="checkbox"/> Irrigation District |

Organization: _____ Business Number: _____
(if applicable) *(if applicable)*

Entity #: _____ Registered with ISC Corporate Registry: *(if applicable)* Yes No
(if applicable)

Primary Contact: _____

Mailing Address: _____

Telephone: _____

Fax: _____

Email: _____

Note: Please ensure Part 1 is fully completed to ensure proper application processing and grant payment.

Part 2: Eligibility Confirmation

Does your project have a Provincial Drainage Number issued by WSA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will there be subsequent phases to the project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the project elements be completed prior to March 2026?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you applied for WSA funding for this project previously?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES , was the application successful?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you applied for or received any additional government funding for this project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES , name of funding provider:		

Does your project have local support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES , are the letters of support attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would the project be cost prohibitive if funding was unavailable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the project lead to new drainage works being developed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will new mitigation works be developed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this project a part of a C&D or watershed association project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES , name of organization:		

Part 3: Project Information

Note: If additional rows are required, please append an additional list.

Provincial Drainage Number	WSA Approval Technologist Supporting Project	Land Location Qtr-Sec-Twp-Rge-M	# of Quarter Sections Involved	# of Landowners Involved

Funding Streams Applying For:

- | | |
|---|--|
| <p><input type="checkbox"/> On-Farm Qualified Persons Support
Funds the costs for Qualified Persons (QPs) for targeted drainage projects, including basic technical, communication, project development and project management components of QP work.</p> <p><input type="checkbox"/> Mediation Services Support
Funds the costs of contracting mediators to work with parties to come to an agreement.</p> | <p><input type="checkbox"/> Technical Design Solutions Support
Funds the technical and engineering costs to design solutions for complex drainage projects, including the intermediate technical and engineering design components of QP work.</p> <p><input type="checkbox"/> Mitigation and Rehabilitation Support
Funds the construction costs for complex solutions to advance drainage projects and associated mitigation and rehabilitation works.</p> |
|---|--|

Part 4: Project Details

Please complete the applicable sections below for the funding stream(s) you are applying for:

On-Farm Qualified Persons Support				
Have you engaged with an Accredited QP for this project?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is the invoice(s) and proof of payment(s) attached?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Mediation Services				
Is the invoice(s) and proof of payment(s) attached?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Was an agreement signed by all parties to settle a dispute about drainage works involved in this project and is the signed agreement attached?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Technical Design Solutions				
Does your project require a technical design for mitigation works to support the drainage project application?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If YES , name of the company or professional consultant:				

Mitigation and Rehabilitation Construction				
Does your project require the construction of mitigation works to meet the project design or conditions of the approval?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does your project have a WSA-approved plan for the required mitigation works?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If YES , have you attached the project plan and budget?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Part 5: Project Budget

Funding Stream	Total Project Costs	Eligible Program Funding
On Farm Qualified Person Support and Mediation Services MAX: \$25,000 Program Funding		
Technical Design Solutions MAX: \$50,000 Program Funding		
Mitigation and Rehabilitation Construction MAX: \$50,000 Program Funding		
Total Program Funding: MAX: \$95,000 Program Funding		

Eligible Program Funding:

50% of eligible costs for all streams except Mediation Services.

100% of eligible costs for Mediation Services.

Total Grant amount will not exceed:

- \$25,000 for On Farm Qualified Persons Support and Mediation Services **combined**
- \$50,000 for Technical Design Solutions
- 50,000 for Mitigation and Rehabilitation Construction

For a maximum grant amount of \$95,000

Part 6: Scope of Services

Project Background: Describe the project and what the funding will be used for, including an explanation of the benefits of the project and implications if funding is not received.

Proposed Project Schedule:

Milestone	Expected Completion Date

