Prairie Watersheds Climate Program (PWCP)
On-Farm Climate Action Fund (OFCAF)
Appendix A | 2026

Appendix A – Historical Nitrogen Rate Usage Reporting

This document must be completed by applicants who are applying for Upgrades to Seeder Equipment and do not have an accompanying practice. The purpose of this document is to collect the historical nitrogen fertilizer rate usages for applicants/operations.

An accompanying practice is any PWCP-funded activity that has a corresponding GHG-emissions factor. Soil Testing, Soil Mapping, Equipment Upgrades, Agronomic Support, Biologicals and Microbials are ***not*** considered accompanying practices.

The applicant must report how much nitrogen fertilizer was applied on acres **(only acres where this piece of equipment was utilized) before the equipment upgrade; and how much nitrogen fertilizer is being used after the upgrade on those **same** acres.

Upgrades to Seeder Equipment

Nitrogen Fertilizer Rate Usage Before Equipment Upgrade		
*Total acres	*Metric Tonnes of Nitrogen applied (MT of fertilizer applied)	*Fertilizer Type
	MT	
	MT	
*Legal Land Descriptions		

Nitrogen Fertilizer Rate Usage After Equipment Upgrade		
*Total acres	*Metric Tonnes of Nitrogen applied (MT of fertilizer applied)	*Fertilizer Type
	MT	
	MT	
*Legal Land Descriptions		

NOTE: When reporting on the MT of fertilizer applied after the equipment upgrade, you can report on the implemented OR planned changes in nitrogen fertilizer rates.

Prairie Watersheds Climate Program (PWCP)
On-Farm Climate Action Fund (OFCAF)
Appendix A | 2026

Appendix A – Historical Nitrogen Usage Reporting

This document must be completed by applicants who are applying for Soil Testing, Soil Mapping or Agronomic Support and do not have an accompanying practice. The purpose of this document is to collect the historical nitrogen fertilizer rate usages for applicants/operations.

An accompanying practice is any PWCP-funded activity that has a corresponding GHG-emissions factor. Soil Testing, Soil Mapping, Equipment Upgrades, Agronomic Support, Biologicals and Microbials are ***not*** considered accompanying practices.

The applicant must report how much nitrogen fertilizer was applied on acres **(only acres where the soil testing/soil mapping occurred) before the soil testing/soil mapping; and how much nitrogen fertilizer is being used after the soil testing/soil mapping on those **same** acres.

Soil Testing, Soil Mapping & Agronomic Support

Nitrogen Fertilizer Rate Usage Before Soil Testing, Soil Mapping & Agronomic Support		
*Total acres	*Metric Tonnes of Nitrogen applied (MT of fertilizer applied)	*Fertilizer Type
	MT	
	MT	
*Legal Land Descriptions		

Nitrogen Fertilizer Rate Usage After Soil Testing, Soil Mapping & Agronomic Support		
*Total acres	*Metric Tonnes of Nitrogen applied (MT of fertilizer applied)	*Fertilizer Type
	MT	
	MT	
*Legal Land Descriptions		

NOTE: When reporting on the MT of fertilizer applied after the soil testing/soil mapping, you can report on the implemented OR planned changes in nitrogen fertilize

Prairie Watersheds Climate Program (PWCP)
On-Farm Climate Action Fund (OFCAF)
Appendix A | 2026

Appendix A – Historical Nitrogen Usage Reporting

This document must be completed by applicants who are applying for Biologicals and Microbials as Synthetic Fertilizer Substitutes. The purpose of this document is to collect the historical nitrogen fertilizer rate usages for applicants/operations.

The applicant must report how much nitrogen fertilizer was applied on **acres (only acres where the fertilizer substitutes were applied) before applying biologicals and/or microbials; and how much nitrogen fertilizer is being used after the on those **same** acres.

Biologicals & Microbials

Nitrogen Fertilizer Rate Usage Before Biologicals & Microbials		
*Total acres	*Metric Tonnes of Nitrogen applied (MT of fertilizer applied)	*Product Type
	MT	
	MT	
*Legal Land Descriptions		

Nitrogen Fertilizer Rate Usage After Biologicals & Microbials		
*Total acres	*Metric Tonnes of Nitrogen applied (MT of fertilizer applied)	*Product Type
	MT	
	MT	
*Legal Land Descriptions		

BMP: NITROGEN MANAGEMENT PROJECT – Dual Inhibitors

Use of combined Nitrification and Urease Inhibitors or Dual Inhibitors – 85% of cost (up to $100,000)
*Applicants cannot apply for PCUs and Dual Inhibitors on the same acres and receive funding for both

If you purchased SuperU dual inhibitor, please fill out the form for PCUs.

By initialing, I confirm the following is true:

This project is a new practice for my operation, or it is an expansion that I have implemented on new land/acres. _____ Initials

Product Name	Product Cost ($/Liter)	Number of Liters applied	Cost	In-Kind	Eligible Funding

Project Details *Verified by staff:* _____ Initials

Legal Land Description	Acres	Legal Land Description cont. (Attach a list with all LLD if necessary)	Acres

OFFICE USE

File Number		*Total Acres*	
Project Type	*NM – Dual Inhibitors*	*Total in-Kind*	
Sub-District		*Total Eligible Costs*	

BMP: NITROGEN MANAGEMENT PROJECT – Adding Legumes to Crop Rotation

Adding Legumes to Crop Rotation - $50/acre (up to $100,000) ***Note: Soybean implementation funding cap of $5,000 per year**

By initialling, I confirm that the following is true:

This project is a new practice for my operation, or it is an expansion that I have implemented on new land/acres _____ Initials

Type of Legume	Legal Land Description (Attach a list with all LLD if necessary)	Acres	Seed Cost	Implementation Cost
			Total Project Cost	

Verified by Staff: _____ Initials

OFFICE USE

File Number		*Total Acres*	
Project Type	*NM – Legumes in Rotation*	*Total In-kind*	
Sub-District		*Total Eligible Costs*	

BMP: NITROGEN MANAGEMENT PROJECT – Polymer Coated Urea (PCU) Fertilizer *(or SuperU Dual Inhibitor)*

Use of Polymer Coated Urea Fertilizer – up to 85% of the increase in cost compared to regular nitrogen (up to $100,000)
Applicants can not apply for PCUs and Dual Inhibitor on the same acres and receive funding for both

PCUs and SuperU are funded based on the cost difference on the day of purchase between standard nitrogen fertilizer (46-0-0) and PCU/SuperU products. Please contact your agrologist for standard nitrogen fertilizer rates on your purchase date

By initialling, I confirm the following is true:
This project is a new practice for my operation, or it is an expansion that I have implemented on new land/acres. _____ Initials

Product Name	Product Cost ($/MT)	Standard Nitrogen Cost ($/MT on date of product purchase)	Cost Difference ($/MT)	# Metric Tonnes Purchased	Cost Difference x Metric Tonnes Purchased	Eligible Funding (85% of cost difference)	In-Kind

Project Details *Verified by Staff: _____ Initials*

Legal Land Description	Acres	Legal Land Description cont. (attach a list with all LLD if necessary)	Acres

OFFICE USE

File Number		*Total Acres*	
Project Type	*NM - PCUs*	*Total In-Kind*	
Sub-District		*Total Eligible Funding*	

BMP: NITROGEN MANAGEMENT PROJECT – Incorporating Manure to Reduce Nitrogen Volatilization

Incorporating Manure to Reduce Nitrogen Volatilization – *to be determined by delivery agent*

By checking and initialling, I confirm the following is true:

This project is a new practice for my operation, or it is an expansion that I have implemented on new land/acres _____ Initials

Legal Land Descriptions (attach a list with all LLD if necessary)	Acres	Tons of Manure Spread	Cost per acre	In-Kind	Eligible Cost

Verified by staff: _____ Initials

OFFICE USE

File Number		*Total Acres*	
Project Type	*NM – Manure Incorporation*	*Total In-Kind*	
Sub-District		*Total Eligible Costs*	

BMP: NITROGEN MANAGEMENT PROJECT – Upgrading Manure and Incorporation Equipment

Upgrading manure injection and incorporation equipment – to be determined by delivery agent (up to $30,000)

Equipment Upgrades must be accompanied by another PWCP funded practice (previous projects count as accompanying); OR the applicant must report of the change in nitrogen fertilizer use (fertilizer use before and after equipment upgrade on the ***same*** acres)

By initializing, I confirm the following is true:

This project is a new practice for my operation, or it is an expansion that I have implemented on new land/acres. _____ Initials

Equipment Type	Upgrade Type (manure injection or manure incorporation)	Total Cost	Eligible Costs

Is there an accompanying practice? (yes or no)	If yes, list the practice and implementation year	District Staff Initials	If no, the applicant must submit a completed 'Appendix A' for to the delivery agent before payment is sent. Select 'I Agree"	Applicant Initials

OFFICE USE

File Number			
Project Type	*NM – Equipment Upgrades*	*Total In-Kind*	
Sub-District		*Total Eligible Costs*	

BMP: NITROGEN MANAGEMENT PROJECT – Split Application of Fertilizer

Split application of fertilizer – up to 85% of implementation costs of second pass (up to $100,000)

By initialing, I confirm the following is true:
This project is a new practice for my operation, or it is an expansion that I have implemented on new land/acres. _____ Initials

Fertilizer Type (1st application)	Date of Fist Application (mm/dd/yyyy)	Fertilizer Type (2nd application)	Date of Second Application (mm/dd/yyyy)	Implementation Cost of Second Application	In-Kind	Eligible Funding

Project Details *Verified by staff:* _____ Initials

Legal Land Description	Acres	Legal Land Description cont. (Attach a list with all LLD if necessary)	Acres

OFFICE USE

File Number		*Total Acres*	
Project Type	*NM – Split Fertilizer*	*Total in-Kind*	
Sub-District		*Total Eligible Costs*	

BMP: NITROGEN MANAGEMENT PROJECT – Offsetting Higher Cost of Synthetic Fertilizer Substitutes

Offsetting higher cost of synthetic fertilizer substitutes – to be determined by delivery agent

By initialling, I confirm the following is true:
This project is a new practice for my operation, or it is an expansion that I have implemented on new land/acres. _____ Initials

Product Name	Number of liters applied	Cost	In-Kind	Eligible Funding

Project Details *Verified by staff:* _____ Initials

Legal Land Description	Acres	Legal Land Description cont. (Attach a list with all LLD if necessary)	Acres

OFFICE USE

File Number		*Total Acres*	
Project Type	*NM – synthetic fertilizer substitutes*	*Total in-Kind*	
Sub-District		*Total Eligible Costs*	

BMP: NITROGEN MANAGEMENT PROJECT – Agronomic Support / Soil Testing / Soil Mapping

Activity 1: Soil Testing – 85% of cost (up to $5,000)
Activity 2: Soil Mapping – 50% of cost (up to $10,000)
Activity 3: Agronomic Support for Nitrogen Management Plans – 50% of cost (up to $10,000)

Each recipient may only receive up to $20,000 for the combined activities of Soil Testing and Soil Mapping

By initialing, I confirm the following is true:

This project is a new practice for my operation, or it is an expansion that I have implemented on new land/acres. _____ Initials

Activity #	Legal Land Descriptions (attach a list with all LLD if necessary)	Acres	Cost	In-kind	Eligible Funding

Is there an accompanying practice?	If yes, list the practice and implementation year	District initials	If no, the applicant must submit a completed 'Appendix A' form to the delivery agent before payment is sent. Select 'I agree'	Applicant Initials

OFFICE USE			Total Eligible Costs	Total In-Kind	Total Acres
File Number		*Soil Testing*			
Project Type	*NM – Testing, Mapping, Ag Support*	*Soil Mapping*			
Sub-District		*Agronomic Support*			

BMP: NITROGEN MANAGEMENT PROJECT – Upgrading Seeder Equipment

Upgrading Seeder Equipment to allow for banding/ side dressing/ injection of fertilizer - $200 per foot (up to $30,000)

Equipment Upgrades must be accompanied by another PWCP funded practice (previous projects count as accompanying); OR the applicant must report of the change in nitrogen fertilizer use (fertilizer use before and after equipment upgrade on the ***same*** acres)

By initialling, I confirm the following is true:

This project is a new practice for my operation, or it is an expansion that I have implemented on new land/acres. _____ Initials

Equipment Type	Upgrade Type (side banding, side dressing or injection of fertilizer)	Total Cost	Equipment Width	Eligible Costs

Is there an accompanying practice? (yes or no)	If yes, list the practice and implementation year	District Staff Initials	If no, the applicant must submit a completed 'Appendix A' for to the delivery agent before payment is sent. Select 'I Agree"	Applicant Initials

OFFICE USE

File Number			
Project Type	*NM – Equipment Upgrades*	*Total In-Kind*	
Sub-District		*Total Eligible Costs*	