



Delta Farmland & Wildlife Trust  
 OFFICE USE ONLY  
 Program Year: **2024**  
 Agreement #:

DFWT Field Unit(s)
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Regional Maps
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**DELTA FARMLAND & WILDLIFE TRUST  
 GRASSLAND SET-ASIDE STEWARDSHIP AGREEMENT**

Date \_\_\_\_\_

**BETWEEN THE CO-OPERATOR:** \_\_\_\_\_

AND

**THE DELTA FARMLAND AND WILDLIFE TRUST**, a non-profit, community-based, charitable society, whose mission is to promote the preservation of farmland and associated wildlife habitat in the Fraser River delta through sustainable farming and land stewardship (referred hereinafter as "DFWT").

**WHEREAS:** The co-operator and DFWT have agreed to implement and cost share the establishment and management of a Grassland Set-aside in Metro Vancouver and Abbotsford, British Columbia.

**THE CO-OPERATOR WILL:**

- 1) establish a field, described in the program brochure as a Grassland Set-aside, for the benefit of both soil and wildlife habitat conservation as prescribed by DFWT. The set-aside must be planted by **June 15, 2024**, if this is the first year of the agreement. (Please note that approval is dependent on funding availability. New applications are treated on a first-come, first-served basis and funding will be allocated until it is fully utilized. Submitting your agreement as soon as possible is recommended.)
- 2) maintain and manage the field as a GLSA for a minimum of two years or a maximum of 4 years. This is conditional upon the field being well maintained with a dense grass establishment.
- 3) not mow or harvest the set-aside until after **July 15th** of any year covered by this agreement and limit harvest to one cut per year.
- 4) ensure that top-kill, mowing, discing, or plough down of the GLSA will not occur before March 31, in any given year.
- 5) perform best management practices, as described by the Grassland Set-aside Program Brochure and at the cooperator's expense, which are associated with the maintenance of a GLSA.
- 6) discuss management practices with DFWT and concede to DFWT recommendations prior to undertaking any management activities.
- 7) allow DFWT to monitor the GLSA for wildlife use, vegetation growth or soil quality.
- 8) not receive reimbursement or an exchange for rent payment for the GLSA, from any other program or agreement.
- 9) indemnify and save harmless the DFWT from and against any and all actions, suits, claims, demands, damages and losses, howsoever arising as a result of the establishment and operation of the DFWT GLSA program.

**DELTA FARMLAND & WILDLIFE TRUST WILL:**

- 1) cost-share the establishment and management of a grass field, described in Schedule A, as a Grassland Set-aside by paying the co-operator **\$500/acre/year**. DFWT's cost share will be reduced by 50% if the set-aside is harvested during any year (**\$250/acre/year**). An additional \$150/acre will be provided in the first year of the GLSA to support seeding costs.
- 2) may decline eligibility for the GLSA at any time if vegetation is too sparse (vegetative cover of the GLSA must be 75% or greater).
- 3) In the event that the participant does not maintain the GLSA by the standards prescribed herein, the DFWT obligations shall cease.
- 4) in the unlikely event that DFWT has a lack of funds to continue the program in the following year, DFWT will notify the cooperator before **April 1** of non-renewal of this agreement. This agreement can be renewed annually for up to three additional years providing funding is available. A one-year extension after four years is made at DFWT's discretion and is subject to funding availability.

**TO BE ELIGIBLE FOR THIS PROGRAM PARTICIPANTS MUST:**

- 1) be a registered landowner on the current Certificate of Title or Deed to the land: or
- 2) be entitled to become the registered landowner on Certificate of Title or Deed to the land under a contract, court order or any other legal instrument; or
- 3) have a valid land rental agreement to manage land for term of the Stewardship Agreement, and acknowledgement from the registered Landowner; or
- 4) be Indigenous (First Nation, Metis Nation, Inuit): a First Nation, Metis Nation or Inuit single person or a First Nation, Metis Nation or Inuit organization managing agricultural land. For example, be a First Nations Peoples in lawful possession of farmland under subsections 20(1), 20(2), or 20(3) of the Indian Act, or be a First Nations Band meeting these preceding conditions with an interest in farmland within the meaning of the Indian Act; and
- 5) have completed an agri-environmental risk assessment such as Environmental Farm Plan (EFP) or demonstrate working towards completing an agri-environmental risk assessment - prior to receiving final stewardship payments.

Based on the above criteria, I am eligible to participate in this program	<input type="checkbox"/> Yes, I am eligible	<input type="checkbox"/> No, I am not eligible
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**DEMOGRAPHIC DATA COLLECTION SURVEY**

**Respondent Consent**

The Province of British Columbia supports inclusive and increased representation of underrepresented groups. By providing the information below, you are helping to improve the delivery of programming. At this time, the questions focus on three identity groups (Indigenous, women, and youth), and do not cover all potential groups who are underrepresented in the agriculture sector. We plan to expand the focus to other underrepresented groups in future. Your personal information is collected under section 26(c) and 26(e) of the Freedom of Information and Protection of Privacy Act for the purposes of evaluating applications and for the planning and evaluating of the S-CAP Ministry Program. The demographic information you provide is voluntary and will not be used to assess your eligibility for this program. Each individual understands the purposes of the collection, use, and disclosure of their demographic personal information. The information you provide will be shared with the federal government to fulfill the provincial obligations under the Sustainable Canadian Agricultural Partnership (S-CAP) bilateral agreement. It may be combined with other survey or administrative data sources and used for statistical, research and evaluation purposes. If any information is published, your responses will be combined with the responses of others so that you cannot be identified. If you have any questions about the collection of your information, please contact the Director of Sector Insights and Corporate Initiatives at [alstats@gov.bc.ca](mailto:alstats@gov.bc.ca).

1. Do you agree to respond to questions on the demographics of the business or organization?	<input type="checkbox"/> Yes, I agree. <input type="checkbox"/> No, I do not agree	If yes, proceed to #2 If no, proceed to Schedule A
2. Is the respondent a business owner of either a sole proprietorship or a general partnership? If you are filling out this information on behalf of a business owner or owners of a sole proprietorship or general partnership, please answer 'yes' and seek the response to the following demographic questions from the business owners.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, proceed to #7 If no, proceed to #3
3. Does the applicant's organization have a governing board (for example, a Board of Directors)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, proceed to #4 and #5 If no, proceed to #4 and Schedule A
4. Indicate any of the following groups who are specifically targeted beneficiaries of the project's activities. Select all that apply.	<input type="checkbox"/> Indigenous - First Nations (including status and non-status) <input type="checkbox"/> Indigenous - Inuk (Inuit) <input type="checkbox"/> Indigenous - Métis <input type="checkbox"/> Women <input type="checkbox"/> Youth (40 years of age and under) <input type="checkbox"/> None of the above groups	
5. Is the respondent's organization a post-secondary institution, local government, provincial government, or Indigenous governing body (for example, a band or tribal council, government of a self-governing First Nation or Métis Nation Chartered Community)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, proceed to Schedule A If no, proceed to #6 and #7
6. How many members does the organization's governing body have?	_____	

7. Please indicate the number of board members or the proportion (% of shares) of the business that is owned by people who identify with each of the following groups.

**INDIGENOUS**

**Indigeneity** in Canada refers to people who are: First Nations (North American Indian), Métis or Inuk (Inuit), and/or Registered or Treaty Indians (that is, registered under the Indian Act of Canada), and/or those who have membership in a First Nation or Indian band.

Do not select these options if the owner(s) identify as Indigenous but not Indigenous to Canada (for example, Ainu, Sámi, or Māori).

	Number of members	-OR-	Percentage of shares (%)
First Nations (including status and non-status)			
Inuk (Inuit)			
Métis			
Indigenous - not specified			
None of the above (not indigenous to Canada)			
Unable to answer/identify			

**Gender**

Gender refers to an individual's personal and social identity as a man, woman or non-binary person.

	Number of members	-OR-	Percentage of shares (%)
Women+			
Men+			
Other			
Unable to answer/identify			

**Age**

	Number of members	-OR-	Percentage of shares (%)
Over 40			
Youth (40 or under)			
Unable to answer/identify			

IMPORTANT:

**DFWT, upon review of the GLSA, may decline eligibility of the GLSA at any time if vegetation is too sparse (vegetative cover of the GLSA must be 75% or greater). The DFWT Grassland Set-aside Mix should be planted at 30 lbs/acre with a nurse crop.**

In the event that the co-operator does not maintain the Grassland Set-aside in accordance with the standards prescribed herein, the DFWT obligations pursuant to this agreement shall cease

## Schedule A

**Farm/Land Disclosure** (Grassland Set-aside Program area (funded and on waiting list) will be limited to 50% of the total area farmed and/or owned by the applicant or 50 acres whichever is the lesser)

How much land do you own/farm within Metro Vancouver and Abbotsford?

Own Farm \_\_\_\_\_ acres Non-Owned Farm \_\_\_\_\_ acres

Please provide a valid business number (GST/HST). \_\_\_\_\_

Have you completed an agri-environmental risk assessment such as an Environmental Farm Plan?

Yes  No

If not, please indicate that you are willing to work towards completing an agri-environmental risk assessment.

Yes, I am willing to work towards a risk assessment.

No, I am not willing to work towards a risk assessment. I understand this may mean I am not eligible for cost-share.

### Field Description

Field Address(es): \_\_\_\_\_

Is the project occurring on private or crown land? \_\_\_\_\_

Field Size: \_\_\_\_\_ acres Seeding Date: \_\_\_\_\_

Seeding Rate: \_\_\_\_\_ lbs/acre Seeding Method: \_\_\_\_\_

Species Mix: \_\_\_\_\_

Will you be planting a nurse crop:  Yes  No Nurse Crop Type: \_\_\_\_\_

Will the nurse crop be harvested?  Yes  No

Will grass crop be harvested for hay or silage?  Yes  No

Is the field laser levelled?  Yes  No If yes, when? \_\_\_\_\_

Is effective sub-surface drainage installed in field?  Yes  No

What margins of the field have drainage ditches in working condition? \_\_\_\_\_

Are there areas of the field where crop establishment is consistently poor? \_\_\_\_\_

Please describe: \_\_\_\_\_

When was lime last applied to the field? \_\_\_\_\_

What was the previous crop grown in the field? \_\_\_\_\_

What is the general soil texture of the field?  Coarse  Medium  Fine  Unsure/Other: \_\_\_\_\_

**Please mark the location of the field on a regional map and submit with your application.**

**Management Requirements**

The following are management practices that may be required to be performed at the Co-operator's expense for the establishment and maintenance of the grass field as a set-aside:

- application of fertilizer or manure if and when required.
- weed control – preferably through mowing or selective cutting.
- soil surface ditching to reduce water ponding if and when required
- mowing or harvesting – as per guidelines set forth in the attached agreement.

Cooperator's Name: _____	Tel # _____
Company Name: _____	Fax # _____
Mailing Address: _____	Cell # _____
_____	E-Mail: _____

X \_\_\_\_\_  
Cooperator's Signature

X \_\_\_\_\_  
DFWT Signature