



Delta Farmland & Wildlife Trust
OFFICE USE ONLY

Program Year: **2026**

Agreement #: _____

DFWT Field Unit(s)

Regional Maps

DELTA FARMLAND & WILDLIFE TRUST
FORAGE ENHANCEMENT PILOT PROGRAM COST SHARE AGREEMENT

DATE _____

BETWEEN THE COOPERATOR: _____

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 to hereafter as "DFWT").

WHEREAS: The Cooperator and DFWT have agreed to cost share the enhancement of forage fields through re-seeding or over-seeding for the purposes of soil conservation and wildlife habitat enhancement in the City of Delta and the City of Richmond, in the Province of British Columbia.

THE COOPERATOR WILL:

1. Over-seed or re-seed the forage field(s) described in Schedule A, that have been impacted by waterfowl grazing over the prior winter season to be eligible for the DFWT Forage Enhancement Pilot Program.
2. Ensure that the re-seeding or over-seeding of the field(s) described in Schedule A is completed by June 30, 2026.
3. Seed at a minimum rate of 25 lbs/acre for fields that are over-seeded.
4. Provide a copy of the invoice for the seed purchased.
5. Complete Schedule H-6: Authorization to Release Information form to authorize DFWT to receive reports from the BC Ministry of Agriculture pertaining to assessments of waterfowl grazing of field(s) described in Schedule A.
6. Allow DFWT to monitor fields for wildlife use from July 1, 2026 to March 31, 2027.
7. **Ensure that the forage field is not terminated (i.e. tilled, herbicide application, etc.) before March 31, 2027.**
8. Indemnify and save harmless DFWT from and against any and all actions, suits, claims, demands, damages or losses, howsoever arising as a result of the establishment and operation of the Forage Enhancement Pilot Program.
9. Submit this application to the DFWT office by **July 31, 2026.**

THE DELTA FARMLAND & WILDLIFE TRUST WILL:

- 1) Upon receipt of the Cooperator's proof of payment for forage seed planted and receipt of the Agriculture Wildlife Program waterfowl grazing assessment reports for the field(s) described in Schedule A, share the cost of enhancing forage fields through over-seeding or re-seeding within the City of Delta, and the City of Richmond, BC, by paying \$80/acre.
- 2) Approve new applications on a first-come, first-served basis and allocate funding until it is fully utilized. Submitting your agreement as soon as possible is recommended.
- 3) Make payment by December 31, 2026, after all agreements have been received with completed information and signatures from the Cooperator, and after the DFWT has had the opportunity to verify all the acreage applied for.

Note: This document consists of 2 or more pages depending on how many pages are required to complete Schedule A. Please indicate the number of pages (including this page) contained in this agreement below as well as on every page of the agreement.

Schedule A.

Field	Field # _____ Map # _____	Field # _____ Map # _____	Field # _____ Map # _____	Field # _____ Map # _____	Field # _____ Map # _____	Field # _____ Map # _____	Field # _____ Map # _____
Field Location	Mark field # on appropriate map	Mark field # on appropriate map	Mark field # on appropriate map	Mark field # on appropriate map	Mark field # on appropriate map	Mark field # on appropriate map	Mark field # on appropriate map
Forage Type							
Date original forage was planted							
Re-seeding or Over-seeding							
Planting Date (re/over seeding)							
Seeding Rate							
Seeding Method							
Soil Prep Details							
Number of acres over or re-seeded							
Previous Crop							

** If you have more than 7 forage fields for which you are applying to the program, make as many additional copies of the table above as necessary and include them with the application. For more agreement forms, please call (604) 940-3392.

Cooperator's Name _____
 Company Name _____
 Address _____
 Valid Business Number (GST) _____

Tel # _____
 Fax # _____
 Cell # _____
 Email _____

Cooperator's Signature

DFWT Signature