

OFCAF Program Registration

Step 1: Contact Information (Communication and disbursements will be addressed to applicant name)

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Applicant (Farm Name o Individual Name							
Contact Name							
Email					Commi	unicate by postal mail i	nstead of email
Phone Number				Cell Number			
Address							
City/Town							
Province		Postal Code		County			
Registered Agricultural Produce	er Number						
An answer to the following que provide in your registration or a	pplication. Ar	answer is required to	be eligible for an OFCAF	. •	vill not be used in co	onjunction with any oth	er information you
Do you identify with any of the	ie ioliowilig i	inderrepresented gro	Jups :				
Indigenous Wom	en	Persons with Disabilities	Visible Minority	Youth (under 40)	LGBTQ2	Not Applicable	Decline to Identify
Step 2: Indicate wi				ix document(s	s) you are r	equesting to	

accompany your OFCAF Program Application.

- A. Nitrogen Management
- B. Cover Cropping Management
- C. Rotational Grazing Management

NOTE:

- 1. This is an OFCAF program expression of interest only. A completed OFCAF application with appropriate Appendix is required prior to a letter of offer being issued.
- 2. BMP elements are eligible for a financial contribution as of the date the OFCAF program registration is received by NBSCIA.
- 3. All OFCAF BMP Applications must include georeferenced farm and field locations emailed to ofcaf.facf@nbscia.ca in ArcGIS .shp or Google Earth Pro .kml polygon file format or as aerial photo map with fields identified.

Applicant (type in name)	DATE (enter date)

Completed registrations can be submitted as follows:

In person to: Regional NBSCIA Coordinator

2 emailed to: ofcaf.facf@nbscia.ca

mailed to: NBSCIA OFCAF Program Administrator

150 Woodside Lane Unit 2 Fredericton NB E3C 2R9

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