

Rebate Application for Channel Clearing and Drainage Project Maintenance Activities

Appendix B

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

Part 1: Applicant Information

Client Type: Conservation & Development Area Authorities Watershed Association Boards
 Rural Municipality Small Urban Municipality Individual Landowner

Organization: _____
Primary Contact: _____
Mailing Address: _____
Telephone: _____
Fax: _____
Email: _____

I have reviewed the information in Appendix A: Aquatic Habitat Protection Guideline for Channel Clearing and Drainage Project Maintenance Activities and submitted the required notification form and before project photos at least 14 days in advance of any channel clearing or drainage project maintenance activity, if required.

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

Part 3: Photos

Photos of the project area should be taken before any work is done and after the work is completed. These photos should be a clear representation of the overall project area and the scope of the project work. However, a photo showing each aspect of the area and work completed is not necessary. The before photos were to be included with the completed Notification of Channel Clearing and Drainage Project Maintenance Activities from Appendix A.

Part 4: Certification

I certify the information provided on this form to be true and that the submitted expenditures for channel clearing and/or drainage project maintenance activities meet the criteria stated in Channel Clearing and Drainage Project Maintenance Assistance for Local Governments: 2024-25 Program Guide. I acknowledge that a false statement may be grounds for repayment of any grants made under this program and that this submission may be audited, which may include, but not be limited to, project site inspections by WSA staff or consultants hired by WSA and/or the submission of additional documentation. I understand that information collected will be used and disclosed in accordance with *The Freedom of Information and Protection of Privacy Act*. If applying on behalf of an organization, I verify that I am a signatory for the organization.

Signature _____ Date _____

Please submit this form with all supporting documentation (e.g. invoices, maps, photos, etc.) to Water Security Agency by email to ChannelClearing@wsask.ca by January 31, 2025.

**** WATER SECURITY AGENCY USE ONLY ****

Amount Applied for:	
Amount Eligible:	
Amount Payable:	

I hereby certify that the above grant application is in accordance with the assistance program stated, and the supporting documentation is in this office.

G/L Coding: 63-51-343-180000-00-00-000000

Issued / Received / Prepared by

Date

Authorized by

Date

**** FINANCE USE ONLY ****

Vendor #			
Invoice #			
Invoice Date			
G/L Date			
WCB Codes	WCB - C (Cleared) WCB - D (Deemed) WCB - N/A		
PST			
Bulletin			
Section			
Applicable	<input type="checkbox"/>	Yes	<input type="checkbox"/>
			No

Coded by	Reviewed by

C

E