

Nova Scotia Cattle Producers 7 Atlantic Central Dr. East Mountain, NS B6L 2Z2

Telephone: (902) 895-7455 Fax: (902) 893-7063

Email: office@nscattle.ca

| 1 PRODUCER INF | FORMATION | | | |
|------------------------------------|------------------------|-------|----------------|--|
| Applicant Name: | | | | |
| Farm Name: | | | | |
| NSCP Number: | _ | # E | Breeding Cows | |
| Business Number o | r SIN (see note below) | Fe | eding Capacity | |
| Civic Address | | | | |
| | | | | |
| Mailing Address: (if different) | | | | |
| Email: | | | | |
| Phone: | Home: | Cell: | | |

Business Number & SIN Request Note:

NSCP is required to file an AGR-1 for each applicant who receives funds from this program to be included in your 2024 tax return. In order to do this, we must have either your Business Number (for incorporated farms) or your SIN. If you are not comfortable having it written down, please call the office and provide it verbally.

Application Deadline: February 15, 2025

Applications will be approved on a first-come, first-served basis until program maximums have been exhausted.

Applying early is encouraged and multiple applications for different categories are acceptable.

To qualify for funding in any category, applicants must:

- 1. Be a Nova Scotia based cattle producer, partnership or corporation that has a breeding herd of no less than ten cows.
- 2. Hold a 2024 Nova Scotia Cattle Grower License and have 2023 and 2022 levies paid in full by the application deadline.
- 3. Agree to abide by the current Program Guidelines.
- 4. Herd Data (calf growth rate, cow open rate, length of calving period and calf death loss rate) will be required to receive ANY funding for next year (April 2025 February 2026). Not required for 2024-2025 funding.

Program maximum per applicant, all categories combined:

- \$2,000 for producers who marketed under 30 head on their recent NSCP Grower License Application
- \$5,000 for producers who marketed between 30–150 head on their recent NSCP Grower License Application
- \$8,000 for producers who marketed over 150 head on their recent NSCP Grower License Application

Send by mail to: Nova Scotia Cattle Producers, 7 Atlantic Central Dr., East Mountain, NS B6L 2Z2

OR send directly to the NSCP Office Fax: 902-893-7063; Email: office@nscattle.ca

FUNDING CATEGORIES

All available funding and required documents are listed under each program:

Herd Data Page 2 Herd Health Page 5

Elite Sires Page 2 Preconditioning Services Page 5

Heifer Retention Page 3 VBP+ Audit Page 6

Seed Stock Development Page 4 Surveillance Systems Page 6

| 2 HERD DATA | | | | |
|----------------------|--|---------------------------|--|--|
| Requi | red for all applications submitted after | April 1, 2 | <mark>2025</mark> : Optional before then | |
| | Avg Birth Weight of | Avg Weaning Weight of all | | |
| | all calves (lbs.) A. | | calves (lbs.) B. | |
| Calf Growth Rate | Avg weaning age (days of age) C | :. | | |
| | (B-A) = | / (C) = | | |
| Cow Open Rate | # Females Exposed D. | | # Females Pregnant E . | |
| cow open nate | (D-E) = | /D = | X 100 = F . | |
| Length of Calving | | | Last Calf | |
| Period | First Calf Born: | | Born: | |
| | Total Calves Born during Calving Period | (above) | G. | |
| | Mortalities within first 24 hours | Н. | Rate (H/G) *100 = | |
| Calf Death Loss Rate | Mortalities between 1 day and weaning | I. | Rate (I/G)*100 = | |
| | Total Mortalities (H+I) | J. | Rate (J/G) *100 = | |

3 ELITE SIRES

For any Elite Sire purchases claimable before February 15, 2025, please use the Nova Scotia Genetic Improvement Program Application found at https://nscattle.ca/members/programs/

| CCIA Tag Number | Herd ID |
|---|--|
| Heifer 1 | |
| Heifer 2 | |
| Heifer 3 | |
| Heifer 4 | |
| Heifer 5 | |
| Heifer 6 | |
| Heifer 7 | |
| Heifer 8 | |
| Heifer 9 | |
| Heifer 10 | |
| | onal pages if necessary. |
| | and vet checked to ensure criteria below is met. |
| tal number marketings reported on your 24 NSCP Grower License Application | X 10% = L |
| | |
| otal claimable retained heifers (M-L) | X \$300 = N . |
| ımber of claimable retained heifers Genomically Tested: | X \$100 = O . |
| Total Heifer Re | etention Funds Claimed (N+O) P. |
| | (iii C) |
| | re eligible. Herd size is based on the previous year's se application. |
| marketings from your NSCP annual Grower Licens Confirmed pregnant by vet or presented for a vet of vet confirmation must be between January 1, 202 CCIA ear tag numbers required for all retained heir Bonus: \$100 for heifers with genomic testing. | 4 and application date. |
| Confirmed pregnant by vet or presented for a vet of vet confirmation must be between January 1, 202 CCIA ear tag numbers required for all retained heir Bonus: \$100 for heifers with genomic testing. | 4 and application date. |
| Confirmed pregnant by vet or presented for a vet of vet confirmation must be between January 1, 202. CCIA ear tag numbers required for all retained heir Bonus: \$100 for heifers with genomic testing. cument Checklist: This application completed and signed | 4 and application date. ifers. |
| Confirmed pregnant by vet or presented for a vet of vet confirmation must be between January 1, 202. CCIA ear tag numbers required for all retained heir Bonus: \$100 for heifers with genomic testing. | 4 and application date. ifers. |
| Confirmed pregnant by vet or presented for a vet of vet confirmation must be between January 1, 202. CCIA ear tag numbers required for all retained heir Bonus: \$100 for heifers with genomic testing. cument Checklist: This application completed and signed | 4 and application date. ifers. |

| | ED STOCK DEVELOPMENT esting Facility | | | | |
|------------|--|--|--|---|---------------------------|
| Name | e of Testing Facility: | | | | |
| # of b | oulls/heifers consigned to test _ | | X \$500 = Q . | | |
| Tatto | o(s) of bulls on Test | | | | |
| Fundi • | ng Available & Criteria: \$500 per head for sending bu Daily Gain, Residual Feed Int Applicant must be registered Testing activity (start or finish | ake, Carcass Ultraso owner at the time of t | und Evaluation, Breeding So he test. | oundness Exam. | _ |
| Docur | ment Checklist This application completed ar Record of Performance from one of the showing required evaluations | completed Test | Note: the following will be contained. • All applicable testing. • Who the registered. | g fees have been pa | nid |
| E 2 Ua | me Test Bulls or Individual E | voluation | | | |
| 5.2 HU | Tattoo or ID # | Carcass Ultrasoun Purebred (\$50) | d Carcass Ultrasound Commercial (\$20) | Breeding Soundness (\$50) | Genomic Testing (\$20) |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| Cup di | na Availahla 9 Critaria. | | Total Funding Claimed: | R | |
| • | \$20 per head for Card Must be completed by Must include rump fair \$50 per head for Breeding So Must be done by a veteri Must include motility, bod \$20 per head for Genomic Te Minimum of 50k snip Evaluations must have occurr Applicant must be the individual | cass Ultrasound Evaluy a certified Ultrasound thickness, rib fat thickness Exam narian dy condition score and esting | 1, 2024, and application dat | ls) certified technician centage intramuscul | ar fat |
| Docur | <u>ment Checklist</u> This application completed ar | nd signed | | | |
| | Evaluation results, showing d | • | | | |
| | Invoice and proof of payment | (cheque image from | your bank, proof of e-Transf | er or credit card Red | ceipt) |

| 6 HER | RD HEALTH | | | | |
|---------|--|------------------|--------|--------------|------------|
| | I am applying for funding for a completed Herd Health | Planning Cale | endar | | _ |
| | Total Herd Health | Funding Clair | ned | S | |
| • | \$200 per Herd Health Planning Calendar that must include: Vaccination Protocol Preconditioning Protocol Parasite Control Protocol Castration Protocol Dehorning Protocol Scour Prevention & Treatment Protocol Pregnancy Checks Body Condition Scoring Calendar must cover some portion of the 2024 calendar year. | | | | |
| 7 PRE | ment Checklist This application completed and signed Herd Health Planning Calendar signed and dated by veterinarian Invoice and proof of payment (cheque image from your bank, pro ECONDITIONING SERVICES ractor Name: | oof of e-Transf | er or | | |
| | ractor Contact (phone or email) | | | | |
| # of he | nead processed | X \$5.00 = | | | |
| • | Ing Available & Criteria: Preconditioning services are defined as hiring a contractor to con any number of procedures including tagging, vaccinations, dehor \$5 per head processed. Contractor must be verified by NSCP as independent of the appli Services must be provided between January 1, 2024, and the appli | ning, castration | on and | d age verifi | ication. |
| | ment Checklist: This application completed and signed Completed barn sheet signed and dated by contractor and produ- | | er or | credit card | I Receint) |

| Type of Audit Received | | Cow/Calf Audit | \$1,250+HST |
|--|---------------|--|--|
| | | Feedlot Audit | \$1,750+HST |
| | | Combined Audit | \$2,000+HST |
| Date of most recent completed | d audit: | | |
| | | VBP + Audit Funding C | Claimed U. |
| Funding Available & Criteria: • \$100 if confirmed verifications. | - | petween January 1, 202 | 24 – February 15, 2025 |
| | yment of reco | ent audit (either annual pank, proof of e-Transfer | . , |
| Number of cameras purchase | | | |
| Amount paid (before tax) | | | X 50% = V . |
| | our barn or | man image of your na | sture showing the location of the camera(s). |
| Provide a drawing of y | | map mago or your par | state showing the location of the camera(s). |

| TOTAL FUNDING CLAIMED |) | |
|--------------------------|----|-------------------|
| Category | | Funding Requested |
| Elite Sires | K. | \$ |
| Heifer Retention | P. | \$ |
| Seed Stock Development | Q. | \$ |
| Seed Stock Development | R. | \$ |
| Herd Health | S. | \$ |
| Preconditioning Services | T. | \$ |
| VBP+ Audit | U. | \$ |
| Surveillance Systems | V. | \$ |
| Total Funding Requested | | \$ |

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CERTIFICATION AND SUBMISSION

By submitting this application form, I

- certify, to the best of my knowledge and ability, that the information provided on this form is complete, true and correct.
- understand and agree to the program guidelines and, if the application is approved in whole or in part, agree to abide by the terms and conditions as set out in the program guidelines.
- consent to the audit and verification of the information provided on this form, such audit and verification to be performed by the Nova Scotia Cattle Producers or other parties, including livestock inspection agencies, chosen by the Nova Scotia Cattle Producers for audit and verification purposes.
- grant permission to the Nova Scotia Cattle Producers to contact any of my suppliers to confirm the information I have provided.
- agree to repay any overpayment amount received as a Producer Payment if adjustment or audit shows the amount received exceeds the contributions to which I am entitled under the terms of the Program Payment.
- understand that the limited funding is available and completed applications will be reviewed on a first-come, first-serve basis until funding is exhausted.
- confirm that I have the authority to bind the applicant.
- all decisions of the program administrator are considered final

ACKNOWLEDGMENT

| By signing below, i hereby certify that the amounts claimed are compilant with the payments authorized by the Nova Scotia Beef Herd Renewal and Improvement Program terms and conditions, as displayed on this application. | | | | | |
|--|-----------|----------|--|--|--|
| | | | | | |
| Print Name | Signature | Date | | | |

APPLICATION MUST BE RECEIVED BY February 15, 2025

Applications will be approved on a first-come, first-served basis until program maximums have been exhausted.

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