Hay West 2021 Application for Assistance With Hay for Farm Animals



MDS Canada Inc.

200-600 Shaftesbury Blvd Winnipeg, MB R3P2J1 Phone: 204 261-1274

Fax: (204) 261-1279

| Name | | Farm Name (if applicable) | | |
|---|-------------------------|---------------------------------------|--|--|
| Phone | | Mobile: | | |
| Mailing Address | | Physical Address: | | |
| Email Address | | | | |
| Type of Farm (e.g. dairy, cow-calf, beef) | | Farm(s) Total Acreage | Acreage tillable | |
| Number of Animals to be fed (Adult) | Number of young animals | Total acreage devoted to hay | Tonnage of hay on hand at present | |
| Tonnage of hay required until next hay crop is ready? | | Do you currently have crop insurance? | If yes, how much do you expect to receive from crop insurance? | |
| During what Month do you anticipate you will be out of feed at current rate of consumption. | | If yes, do you have insurance on hay? | | |
| What % of your family income comes from hay fed livestock? | | | | |
| Have you in past contributed to Agra-Invest? Yes/no | | | | |
| If yes, do you expect to receive benefits from Agrilnvest for this year? | | | | |
| Please read the following statements: | | | | |

| I understand MDS will charge .07 per pound for beef quality hay and .10 for dairy quality. | | | |
|---|----------------------------------|--|--|
| • I will not sell this hay that has been given to me/us. | | | |
| • I will not sell any hay that we currently have on hand. | | | |
| • I acknowledge that my completion of this form does not necessarily qualify me to receive hay. | | | |
| • I acknowledge that the final discretion for the acquisition of hay will lie with Mennonite Disaster Service depend transportation. | nding on availability of hay and | | |
| • I understand that the information in this application will be reviewed by the MDS Saskatchewan Unit and will be kept confidential. | | | |
| •I have read the statements above and affirm that, to the best of my knowledge, these statements are accurate and true. | | | |
| Name: Dat | ate: | | |

To submit this form, save it to your computer, fill it out and then e-mail to darylbmds@gmail.com.

• I/we plan to continue in the agricultural sector in years ahead for the long term.
• I understand this hay has been donated and may not be number one grade.