Application for Conditional Approval

This application form is intended for use under the Saskatchewan Chemical Fertilizer Incentive (SCFI) program. It is submitted in accordance with *The Saskatchewan Chemical Fertilizer Incentive Act* and Regulations to request conditional approval for a new or expanded chemical fertilizer production facility. Before completing and submitting this application form, please thoroughly review the *SCFI Program Overview and Application Instructions* document. Please note that applications for conditional approval must be received by **December 31, 2026**. Conditionally approved applicants will have until **December 31, 2031** to complete an eligible project and must apply for a Certificate of Eligibility by **December 31, 2034.**

Financial Programs Unit
300-2103 11th Avenue
Regina SK S4P 3Z8
Phone: 306-510-2771
Email: scfi@gov.sk.ca

SECTION 1: CONTACT PERSON INFORMATION

First Name: _____ Last Name: _____

Title: _____ Email Address: _____

Phone Number: _____

SECTION 2: COMPANY INFORMATION

Full legal name of company: _____

Address of company: _____

Company website address: _____

Operating name, if different than legal: _____

City of Company Headquarters: _____

☐ I confirm that a copy of the company's Certificate of Incorporation has been attached to this application.

SECTION 3: PROJECT OVERVIEW

3.1 Project type *(eligible projects must be a new or expanded chemical fertilizer production facility in Saskatchewan)*

This application is being submitted for:

☐ A new facility

☐ Expansions to an existing facility

3.2 Location of proposed chemical fertilizer production facility: _____

3.3 The primary feedstock *(projects involving potash as a primary feedstock are ineligible)*

Primary Feedstock to be processed: _____

3.4 The end-product *(eligible projects must produce single- or multi-nutrient synthetic fertilizer product(s))*

Synthetic fertilizer product(s) to be produced: _____

3.5 Capital Investment *(projects must include a minimum of $10 million in new eligible capital expenditure)*

Estimated total eligible project expenditure $ _____

3.6 Project timelines:

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Estimated project start date: _____

Estimated project completion date: _____

SECTION 4: DECLARATION – AUTHORIZED OFFICIAL OF THE APPLICANT COMPANY ACKNOWLEDGEMENTS

Please check each box below before signing; failure to do so renders this application as invalid.

☐	I declare that the planned capital expenditures, as described in Section 3 of this application, are compliant and: - In the case of a ***new facility,*** are for the purposes of the productive capacity of the facility, with respect to the planned eligible chemical fertilizer production. - In the case of an ***existing facility***, are for the purposes of increasing the productive capacity of the facility, with respect to the planned eligible chemical fertilizer production.
☐	I declare that this company currently holds an active business registration license.
☐	I have read and agree with the above acknowledgements and certify that all statements and information furnished in this application are true, complete and correct to the best of my knowledge.
☐	I confirm that the individual authorized to sign this application understands all SCFI program requirements and obligations as defined in: 1. The SCFI Program Overview and Application Instructions document; 2. *The Saskatchewan Chemical Fertilizer Incentive Act;* 3. *The Saskatchewan Chemical Fertilizer Incentive Regulations;* 4. *The Income Tax Act 2000* section 64.8.
☐	I understand the program requirements pertaining to sharing any reasonably requested corporate information and documentation as may be required by the Government of Saskatchewan to determine program eligibility and/or qualifying tax credits.
☐	I understand that my application details may be shared internally within the Government of Saskatchewan for budgeting, planning, evaluation, and audit purposes.
☐	I understand that my application to the Government of Saskatchewan is subject to public information requests, as per *The Freedom of Information and Protection of Privacy Act*.

Name: _____ **Title**: _____

Print the name and title of the individual with the signing power/authority to enter into this agreement. ***Note****: This person may be different from the contact person.*

Signature: _____ **Date**: _____

The signature of the individual with the signing power/authority to enter into this agreement.

Completed form and required supporting documentation must be submitted via email to: SCFI@gov.sk.ca