

Project Proposal Application

Oyster Disease Adaptation and Mitigation Program

Project/Client # (Office Use Only):

1.0 PROJECT PROPOSAL STREAM TYPE (Select One)

☐ Stream 1 – Crisis and Disease Management

☐ Stream 2 – Innovation, Research and Development

☐ Stream 3 – Hatchery and Nursery Support

2.0 APPLICANT PROFILE

2.1 Applicant Information

Legal Name of Applicant (including middle name):

Operating Name or Organization Name (if different):

Mailing Address:

Village/Town/City:

Province:

Postal Code:

Website Address (if applicable):

Organization's X (formerly Twitter) Handle (if applicable):

Current Number of Full Time Employees:

2.2 Primary Contact

Name:

Title:

Telephone No. (business)

Other/Cell No.

Fax No.

Email Address:

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2.3 Preferred Language or Correspondence				
<input type="checkbox"/> English			<input type="checkbox"/> French	
2.4 Preferred Method of Communication				
<input type="checkbox"/> Telephone	<input type="checkbox"/> Cellular phone	<input type="checkbox"/> SMS Text Message	<input type="checkbox"/> Email	<input type="checkbox"/> Other (please specify):
2.5 Type of Business, Organization or Academic Institution Choose one and complete the required information				
<input type="checkbox"/> Individual Proprietorship (if you file to Canada Revenue Agency as an individual) Social Insurance Number:				
<input type="checkbox"/> Incorporated Company (if you file to Canada Revenue Agency as a corporation) <i>(This number can be found on your tax forms and is required under the authority of the Income Tax Act)</i> Revenue Canada Business Number:				
<input type="checkbox"/> Partnership (if you file to Canada Revenue Agency as a partnership.) <i>Please include Revenue Canada Business Number</i> Revenue Canada Business Number:				
<input type="checkbox"/> Registered Charitable Organization / Not-for-Profit <i>Please include the charity registration number</i> Registration number:				
<input type="checkbox"/> Indigenous Organization				
<input type="checkbox"/> Academic or Research Institution Please specify:				
<input type="checkbox"/> Other <i>Please Identify:</i> _____ Registration number (if applicable):				
2.6 Partnerships If you indicated "Partnership" as your type of business in Section 2.5, please list the partner name(s) and their ownership percentage in the table below.				
Name of all partners (for partnerships)			Ownership percentage	
Total (must total 100%)				

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2.7 Business or Organization's Principal Activities

Provide a general description of your operations and/or those of your organization/group implementing the project. Include details on the capacity and expertise required to achieve the proposed project results.

3.0 PROJECT INFORMATION

Project Title:

Physical Location of the Project (e.g., longitude, latitude, nearest city/town, etc.):

Estimated Start and End Dates (YYYY/MM/DD to YYYY/MM/DD):

Note: The completion date must take into account the time required to collect performance measurements and the submission of a Final Report.

Project Team (if applicable):

Name & Role

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3.1 Project Proposal (1 – 2 pages)

Please use the topics listed below as the subject headings of your proposal.

Cover Page	Include the project title, expected start and end dates of the project, and your contact information.
Executive Summary	Provide a brief summary of the project, including a summary of conditions leading to the project and the undertaking(s) to address the threats of oyster disease(s).
Project Objectives	Briefly describe the issue your project is designed to address and the project's final objective(s).
Timeline	Identify the project's major timelines and activities, include a description of activities and the activities' start and end dates.
Results	State the expected benefits to your operation. Also, please note any positive benefits to the industry as a whole.
Program Outcome(s)	The Oyster Disease Adaptation and Mitigation Program will contribute to the Department's outcome of improving understanding of oyster disease mitigation and adaptation measures. Please describe how your project will positively contribute to this specific outcome.
Budget	Identify total project costs and funding requested from the program.
Evaluation	How will you measure whether the project investments and activities achieved the objectives (indicated in the project objective section of the proposal) of this project? How will you measure progress made toward achieving the project objectives? How will you communicate the evaluation results?

4.0 FINANCIAL INFORMATION

Estimated Total Project Cost:

Total Funding Requested:

Provide breakdown of total project cost.	Total Project Cost	Funding Requested	Applicant Funding	Other Funding	Other Funding
				Source:	Source:
				Funding:	Funding:
Has the applicant received or sought any other government funding for this project, excluding the PEI Department of Fisheries, Tourism, Sport and Culture?	<input type="checkbox"/> Yes			<input type="checkbox"/> No	

If yes, provide details:

Note: Proof (e.g., letter of confirmation) of other government funding outside the PEI Department of Fisheries, Tourism, Sport and Culture must be provided with the completed Project Proposal Application.

5.0 DECLARATIONS AND CONSENT TO USE PERSONAL INFORMATION

Specific information collected by the PEI Department of Fisheries, Tourism, Sport and Culture

By submitting this form for project funding, I/We:

- understand that personal information on this form is collected under Section 31c of the *Freedom of Information and Protection of Privacy Act* R.S.P.E.I. 1988 c. F-15.01 as it relates directly to and is necessary for the Oyster Disease Adaptation and Mitigation Program being delivered by the PEI Department of Fisheries, Tourism, Sport and Culture. It will be used for determining eligibility for program assistance and will be shared with the Canada Revenue Agency regarding the taxable benefit and PEI Department of Fisheries, Tourism, Sport and Culture regarding program management, claims, audits, and evaluation of this program;
- agree that information provided for purposes of the Oyster Disease Adaptation and Mitigation Program may be shared with the Canada Revenue Agency as it pertains to any potential taxable benefits, as well as with the PEI Department of Fisheries, Tourism, Sport and Culture regarding claims, audits, and evaluations as it relates directly to and is necessary for this contract being delivered as part of the Oyster Disease Adaptation and Mitigation Program;
- agree to participate in an evaluation and/or audit of the program;
- understand that projects funded may be communicated through the Department's public and social media channels;
- understand that failing to comply with all application requirements may delay the processing of the application, or may render me ineligible for receiving assistance under the program;
- understand that the Social Insurance Number, Business Number and/or Charity Registration Number is collected under the authority of the *Income Tax Act* for the purposes of reporting income;
- acknowledge that my/our completing this application form and by receiving advice from the Department of Fisheries, Tourism, Sport and Culture or other program delivery agent does not oblige the Department of Fisheries, Tourism, Sport and Culture or other delivery agents to provide funding;
- understand that expenses incurred prior to the submission of an approved application are not eligible for assistance under this program; and
- agree that a completed Final Report including financial verification will be provided to the PEI Department of Fisheries, Tourism, Sport and Culture via email (msx@gov.pe.ca) **within 30 days** of the completion of the project.

I, certify that the information given on this application is to the best of my knowledge complete, true and accurate.

Name of Applicant/Signing Officer
(Please print)

Signature of Applicant/Signing Officer

Date

6.0 Submitting the Project Proposal Application Package

Completed Project Proposal Applications and all necessary documentation may be submitted to the attention of the **Program Officer** via regular mail or email.

E-Mail Project Proposal Application Package:

Project Proposal Applications may be submitted via email at msx@gov.pe.ca
Please include the program name in the subject line.

Regular Mail Project Proposal Application Package:

Project Proposal Applications may be submitted via regular mail at:
PEI Department of Fisheries, Tourism, Sport and Culture
5th Floor, Jones Building
11 Kent Street
Charlottetown, PE
C1A 1M7

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Questions? Please e-mail msx@gov.pe.ca	
Date Project Proposal Application Package Received (Office Use Only):	Date Project Proposal Application Package Completed (Office Use Only):
Approved? <input type="checkbox"/> Y <input type="checkbox"/> N	Initials: