

Grower Income Stabilization Program

Prince Edward Island Department of Fisheries, Tourism, Sport and Culture

Applications will be open between January 5 and January 31, 2026.

1.0 ELIGIBILITY REQUIREMENTS CHECKLIST:

- ☐ a. Able to provide documentation demonstrating greater than 30% loss of aquaculture-related revenue in 2025 as a result of MSX and/or Dermo;
- ☐ b. Able to provide documentation of up to 5 consecutive years of oyster growing activity in PEI including production records and tax documents such as T1 and T2 forms as well as financial statements.
- ☐ c. A minimum of 18 years of age;
- ☐ d. A registered PEI company or a self-employed individual who **grows** oysters for financial gain;
- ☐ e. Hold a valid DFO issued lease or license number, a water lot, operate an oyster nursery, or have a notarized, legal sublet or rental agreement to grow oysters for financial gain;
- ☐ f. In good standing with applicable federal, provincial and municipal legislation; and
- ☐ g. Not in default of any provincial government program obligations.

IMPORTANT: REVIEW OF YOUR APPLICATION WILL NOT COMMENCE UNTIL THE APPLICATION FORM IS COMPLETE AND ALL SUPPORTING DOCUMENTATION HAS BEEN RECEIVED.

Project/Client # (Office Use Only):

2.0 GENERAL APPLICANT INFORMATION

Legal Name of Applicant (including middle name):

Operating Name or Organization Name (if different):

Mailing Address:

Village/Town/City:

Province:

Postal Code:

2.1 Primary Contact Information

Name:

Position Title:

Telephone No. (business)

Email Address:

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3.0 TYPE OF BUSINESS

Please indicate the type of business and the identification number (for example, individual proprietorship with your social insurance number, or incorporated company with your Revenue Canada business number, or partnership, etc.).

☐ Business Type:

Identification Number:

3.1 Partnerships

If you indicated "Partnership" as your type of business, 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%)	

IMPORTANT: ALL PARTNERS MUST CONFIRM THE INFORMATION PROVIDED AND REVIEW AND SIGN SECTION 5.0 DECLARATIONS AND CONSENT TO USE PERSONAL INFORMATION

4.0 OPERATIONAL INFORMATION

Please provide a list of ALL applicable authorizations for oyster aquaculture (for example, DFO issued lease or license number(s) or water lot Property Identification Number(s)) that are currently in your name. THIS INCLUDES AREAS FOR SEED COLLECTION AND GROWING, AREAS THAT HAVE NO OYSTER LOSSES DUE TO DISEASE(S), AND AREAS WHERE NO OYSTERS ARE CURRENTLY BEING CULTURED (FOR EXAMPLE, EMPTY OR FALLOWED SITES).

Are you subleasing or renting lines to grow oysters?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a notarized, legal sublet or rental agreement for your current operation to grow oysters?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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If you answered YES to either of the above questions, please provide a list of ALL applicable authorizations for oyster aquaculture (for example, license or lease number(s) or water lot Property Identification number(s)) that you are currently subleasing or renting lines on to grow oysters.

Do you operate an oyster nursery?

☐ Yes

☐ No

Do you collect wild seed?

☐ Yes

☐ No

Do you sell seed to third party growers?

☐ Yes

☐ No

Do you also participate in the wild oyster fishery

☐ Yes

☐ No

4.1 Annual Revenue from Oyster Aquaculture Operation

Have you suffered a greater than 30% loss of oyster aquaculture-related revenue in 2025 as a result of MSX and/or Dermo compared to previous years?

☐ Yes

☐ No

What is your estimated percentage loss of revenue from oyster aquaculture in 2025?

%

PLEASE ATTACH DOCUMENTATION DEMONSTRATING 2025 OYSTER REVENUE TO DATE (FOR EXAMPLE, BUYER SLIPS, INCOME STATEMENTS, ETC.)

Do you have documentation to demonstrate annual revenue from oyster aquaculture for the last 5 consecutive years?

☐ Yes

☐ No

PLEASE ATTACH DOCUMENTATION DEMONSTRATING ANNUAL REVENUE FROM OYSTER AQUACULTURE FOR THE LAST 5 CONSECUTIVE YEARS (FOR EXAMPLE, T1, T2 TAX FORMS OR BUSINESS FINANCIAL STATEMENTS).

Have you received any financial assistance from the Government of PEI or the Government of Canada for oyster losses due to post-tropical storm Fiona?

☐ Yes

☐ No

If yes, please indicate the payment(s) received and from which government agency (for example, Red Cross Canada)

2023 Payment(s):

Source(s):

2024 Payment(s):

Source(s):

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Have you expanded your oyster aquaculture operations in the last 3-5 years (for example, lease reconfiguration, purchased new lease(s), added gear, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide a brief summary of the type of expansion completed over the last 3-5 years:		
4.2 Financial Information		
Personal information on this form is collected by the Department of Fisheries, Tourism, Sport and Culture under the authority of Section 31(c) of the <i>Freedom of Information and Protection of Privacy Act</i> and will be used for the purposes of assisting program eligibility. For more information on the collection, use or disclosure of this information, contact Danielle Howatt, Program Officer at dmhowatt@gov.pe.ca .		
Do you currently have a loan with Finance PEI or another financial institution for your oyster aquaculture operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, do you consent to sharing your loan information with the Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you in default of any provincial government program obligations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5.0 DECLARATIONS AND CONSENT TO USE PERSONAL INFORMATION
Specific information collected by the PEI Department of Fisheries, Tourism, Sport and Culture
<p>By submitting this form, I/We:</p> <ul style="list-style-type: none"> understand that personal information on this form is collected under Section 31c of the <i>Freedom of Information and Protection of Privacy Act</i> R.S.P.E.I. 1988 c. F-15.01 as it relates directly to and is necessary for the Grower Income Stabilization 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; understand that the PEI Department of Fisheries, Tourism, Sport and Culture may inspect or require additional information to verify any information provided in this application to ascertain applicant eligibility and/or payment eligibility. agree that information provided for purposes of the Grower Income Stabilization 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 Grower Income Stabilization Program; agree to participate in an evaluation and/or audit of the program; understand that program funds 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 and Business Number are collected under the authority of the <i>Income Tax Act</i> for the purposes of reporting income; understand 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

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and Culture or other delivery agents to provide funding;

- agree that if considered a successful applicant to the program and participate in the advanced payment option, I/we will be required to return any overpayment of monies once financial verifications are conducted based on the applicant's 2025 tax returns;
- certify that I/We am/are the authorized representative(s) of the organization named in this application;
- certify that the losses described arise from and were caused by the recently discovered oyster diseases;
- certify that the information provided is, to the best of my/our knowledge and ability, complete, true and correct, and that this will apply to all information provided in the future in connection with the assessment of the program. Furthermore, I/We will promptly notify FTSC if any of the information changes; and
- have read the program guidelines and if approved in whole or in part, agree to abide by the terms and conditions as set out in the guidelines and funding agreement.

Name of Applicant/Signing Officer
(Please print)

Signature of Applicant/Signing Officer

Date

6.0 Submitting the Application Package

The application period will open on **January 5, 2026** and close on **January 31, 2026**. A complete Proposal Application and all necessary documentation may be submitted to the attention of the **Program Officer** in two ways:

Regular Mail:

PEI Department of Fisheries, Tourism, Sport and Culture
Aquaculture Division
5th Floor, Jones Building
11 Kent Street
Charlottetown, PE
C1A 1M7
Please include the program name on the package.

Online portal system:

The online portal system can be directly accessed by clicking on:

[Submit Application and Financial Information for Oyster Grower and Processor Support Programs](#)

****To note, applications or information related to an application submitted via email WILL NOT be accepted.****

For more information on the Oyster Growers Income Stabilization Program, please visit the [Supports for Prince Edward Island Oyster Industry](#) webpage or for questions, please contact the PEI Department of Fisheries, Tourism, Sport and Culture at oystersupports@gov.pe.ca.

Date Application Package Received
(Office Use Only):

Date Application Package Completed
(Office Use Only):

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Approved?	<input type="checkbox"/> Y <input type="checkbox"/> N	Initials:
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