

APPLICATION FORM

Agri-Food Growth Program 2021-2022

Project/Client # (Office Use Only):

1. Applicant Information			
Full Name (including middle name):			
Organization Name:			
Mailing Address:			Organization's Twitter Handle (if applicable)
Village/Town/City		Province	Postal Code
Telephone No.	Cellular No.	Fax No.	E-mail Address
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)			
1.1 Type of Business or Organization.			
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"/> Other Please Identify: Registration number: _____			

1.2 Partnerships.
 If you indicated "Partnership" as your type of business in Section 1.1, please list the partner name(s) and their ownership per cent in the table below.

Name of all partners (for partnerships)	Per cent of ownership
Total (must total 100%)	

2. Project Information

Project Title: _____

Project Start Date: _____ Project End Date: _____

Funding Amount Being Requested: _____

2.1 Project Funding

Have you, or will you, apply for any other Provincial and/or Federal Government funding for this project?
 Yes No

If **yes**, provide detailed information as indicated below

Source	Dollar Amount

**2.2 You are applying as:
 (please choose only one)**

- Mi'kmaq First Nation, Indigenous Organization
- Farmer / Primary producer
- Farmers' Market
- Farm Market
- Agriculture Commodity / Marketing Board
- Others (may be considered upon special request)

2.3 Project Activity Areas

- Signage
- Promotion
- Farm Market / Farmers' Compliance
- New Product Market Readiness
- Season Extension
- Sector Growth Initiatives

2.4 Project Financial Details Please complete the table below.		
Project Expenses (i.e., materials, services, equipment)	Supplier	Estimated Cost (less HST)
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total		\$
Eligible Cost Sharing (office use only)		
Total		

3. 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 date of the project, and your contact information.
Executive Summary	Provide an overview of the applicant’s business or organization that included conditions leading to this project and the current operations
Project Objectives	Describe the issue your project is designed to address and the project’s final objectives.
Strategic Plan Focus Areas	<p>Select which of the Department’s Strategic Plan Focus Areas your project aligns with (check all that apply), and describe <i>how</i> your project aligns with the Focus Area(s).</p> <ul style="list-style-type: none"> <input type="checkbox"/> Support the competitiveness, productivity, and profitability of the agriculture industry <input type="checkbox"/> Support the expansion and diversification of markets, trade, and agricultural products <input type="checkbox"/> Promote environmental sustainability by supporting the adoption of best practices in agriculture <input type="checkbox"/> Improve business risk management programs to support the financial stability of agricultural producers <input type="checkbox"/> Enhance animal health and welfare, plant health, as well as food safety, through the adoption of best practices and quality laboratory testing to support agriculture <input type="checkbox"/> Contribute to the environmental, social, and economic wellbeing of the province through orderly land use planning, and the protection of public health, safety, and the natural and built environment <input type="checkbox"/> Improve the resiliency of the province’s food system, including supply chains, and community food security <input type="checkbox"/> Improve legislation, policies, programs and services, and promote public trust and awareness in agriculture, land use planning, and inspection services through research, performance monitoring and evaluation <input type="checkbox"/> Promote a healthy and inclusive workplace, including mental wellness for internal and external stakeholders
Timeline	Identify the project’s timeline and activities (including submission of the project’s final report). Include the activity’s description, any person(s) or organizations associated with the activity and the activity’s start and end date.
Results	State the expected commercial and/or economic benefits to your operation; what the return on investment will be. Also, please note if there are positive environmental impacts expected because of this project.
Outcome	The Agri-Food Growth Program will contribute to the outcomes of expanding domestic markets, increase

	the awareness, sale and consumption of Prince Edward Island produced agri-food products. Please describe how your project will positively contribute to these specific outcomes.
Budget	Identify total project costs and funding requested from the program.
Evaluation	How will you measure whether the project investments and activities achieved the objective of this project? How will you measure progress made toward achieving the project objective? How will you communicate the evaluation results? In the event there is no business or organization history to compare outcomes with, the application may require further information such as a marketing plan, production plan and/or financial projects.
Communication of Support (if applicable)	Please describe how you intend to recognize the support of the Department in communication material related to the project.
Business Plan / Financial Projections	Depending on the specific project proposed, the application may require further information such as a marketing plan, production plan and/or financial projections.

4. Declarations and Consent to Use Personal Information

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 Canadian Agricultural Partnership program being delivered as part of the Canada-Prince Edward Island Canadian Agricultural Partnership Framework and Bilateral Agreement. It will be used for determining eligible for program assistance and will be shared with the Canada Revenue agency regarding the taxable benefit and Agriculture and Agri-Food Canada, regarding program management, claims, audits, and evaluation of this program;
- agree that information provided for purposes of the Canadian Agricultural Partnership may be shared with the Canada Revenue Agency as it pertains to any potential taxable benefits, as well as with Agriculture and Agri-Food Canada or its agent regarding claims, audits and evaluations as it relates directly to and is necessary for this contract being delivered as part of the Canada-Prince Edward Island Canadian Agricultural Partnership Framework and Bilateral Agreements;
- 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 or other program delivery agent does not oblige the Department 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 Agriculture and Land via email (APGP@gov.pe.ca) **within 60 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 Signature of Applicant/Signing Officer Date
(Please print)

5. Demographic Information.
Your voluntary response to the following questions will assist the department in understanding the demographic profile of clients.

Do you identify as	<input type="checkbox"/> Man	<input type="checkbox"/> Woman	<input type="checkbox"/> Gender not listed	<input type="checkbox"/> Prefer not to say
Are you a senior (age 65 or older)?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
Are you a youth (age 29 or under)?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
Do you identify as a person with a disability?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
What is your first language?	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say
Are you proficient in languages other than English or French?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
Do you identify as a member of the Island's Acadian community?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
Do you identify as a member of an Indigenous group?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
Do you identify as a newcomer to Canada?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
Do you identify as part of another under-represented group?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say

6. Submitting the Application

Completed applications may be submitted to the attention of the **Agri-Food Growth Program Officer** via regular mail or email. Applications may be submitted any time between April 1, 2021 and March 1, 2022.

E-Mail Applications:

Once you have completed the application, you may e-mail a signed copy in PDF to APGP@gov.pe.ca
Please include the program name in the subject line.

Regular Mail Applications:

Applications may be submitted via regular mail at:
PEI Department of Agriculture and Land
Agri-Food Growth Program
11 Kent Street PO Box 2000
Charlottetown, PE
C1A 7N8
(902) 368-4145 (telephone)

Questions?

Please e-mail APGP@gov.pe.ca

Date Application Received (Office Use Only):	Date Application Completed (Office Use Only):
Approved? <input type="checkbox"/> Y <input type="checkbox"/> N	Initials: