

APPLICATION FORM

SIG: Abattoir Strategic Enhancement Project (ASEP)

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 <i>Please Identify:</i> _____ 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%)	

2.0 Project Information	
Project Title: _____	
Project Start Date: _____ Project End Date: _____ Total Weeks: _____	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes , provide detailed information as indicated below	
Source	Dollar Amount

2.2 You are applying as: (please choose only one)	
<input type="checkbox"/>	Mi'kmaq First Nation or Indigenous organization
<input type="checkbox"/>	PEI Abattoir and/or operations that hold a Canadian Food Inspection Agency permit to Treat Specified Risk Material (SRM) under the <i>Health of Animals Act</i> and regulations.
<input type="checkbox"/>	Other (please specify) _____

2.3 Type of Industry (Please choose only one)			
<input type="checkbox"/>	Oilseed and grain farming (1111)	<input type="checkbox"/>	Vegetable and melon farming (1112)
<input type="checkbox"/>	Other crop farming (1119) Please specify: _____	<input type="checkbox"/>	Fruit and tree nut farming (1113)
<input type="checkbox"/>	Sheep and goat farming (1124)	<input type="checkbox"/>	Hog and pig farming (1122)
<input type="checkbox"/>	Support activities for animal production (1152)	<input type="checkbox"/>	Dairy Cattle and Milk Production (11212)
<input type="checkbox"/>		<input type="checkbox"/>	Greenhouse, nursery and floriculture production (1114)
<input type="checkbox"/>		<input type="checkbox"/>	Poultry and egg production (1123)
<input type="checkbox"/>		<input type="checkbox"/>	Other animal production (1129) Please specify: _____

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|---|--|---|---|
| <input type="checkbox"/> Support activities for crop production (1151) | <input type="checkbox"/> Dairy product manufacturing (3115) | <input type="checkbox"/> Fruit and vegetable preserving and specialty food (3114) | <input type="checkbox"/> Animal food manufacturing (3111) |
| <input type="checkbox"/> Grain and oilseed milling (3112) | <input type="checkbox"/> Other food manufacturing (3119) | <input type="checkbox"/> Meat product manufacturing (3116) | <input type="checkbox"/> Seafood product preparation and packaging (3117) |
| <input type="checkbox"/> Bakeries and tortilla manufacturing (3118) | <input type="checkbox"/> Farm product merchant wholesalers (411) | <input type="checkbox"/> Beverage manufacturing (3121) | <input type="checkbox"/> Fiber, yarn, and thread mills (3121) |
| <input type="checkbox"/> Agricultural, construction and mining machinery manufacturing (3331) | <input type="checkbox"/> Professional, scientific and technical services (541) | <input type="checkbox"/> Food, beverage and tobacco merchant wholesalers (413) | <input type="checkbox"/> Food and beverage stores (445) |
| <input type="checkbox"/> Forest nurseries and gathering of forest products (1132) | <input type="checkbox"/> Multiple Industries
Please specify:
_____ | <input type="checkbox"/> Not applicable | |

2.4 Project Proposal (approximately 1 page)
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.
Department Focus Areas	Describe which of the following focus areas your project aligns with. Describe how your project will contribute to this focus area. <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 soil health and the adoption of best practices in agriculture, land use planning, and inspection services <input type="checkbox"/> Improve the delivery of 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.
Outcome	Describe how the project will support capital investment, improved operations, and increased competitiveness, productivity, and profitability.

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?
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.

3. 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; and
- agree that a completed Abattoir Strategic Enhancement Project Client Reporting Form will be provided to the Department via email (fsvanderkloet@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)

4. Application Checklist

<input type="checkbox"/>	Signed application form
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5. Demographic Information.				
Your voluntary response to the following questions will assist the Department in understanding the demographic profile of CAP 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 application forms are submitted to the PEI Department of Agriculture and Land.	
Upon approval, eligible abattoirs will complete and pay for their projects, and submit their invoices to the Department of Agriculture and Land. The Department of Agriculture and Land will then submit a claim form, after which eligible abattoirs will be reimbursed upon proof of payment.	
E-Mail Applications (and Claim Forms)	
Completed applications may be submitted via email at fsvanderkloet@gov.pe.ca	
Please include the program name in the subject line.	
Regular Mail Applications (and Claim Forms)	
Manager, Agriculture Industry Development	
PEI Department of Agriculture and Land	
11 Kent Street PO Box 2000	
Charlottetown, PE	
C1A 7N8	
(902) 368-4880 (telephone)	
(902) 368-4857 (facsimile)	
<i>Questions?</i>	
Please e-mail fsvanderkloet@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: