

# 5.1 ASSURANCE SYSTEMS PROGRAM



**Sustainable Canadian  
Agricultural Partnership**

Competitive. Innovative. Resilient.

Date Received (Office Use Only):
Project/Client # (Office Use Only):

## Step 1 – Application Requirements Checklist

- Complete and Sign Application Form – General
- Complete Project Proposal (**Step 9**)
- Submit your completed application package (Application Form – General **and** Project Proposal) to [assurance@gov.pe.ca](mailto:assurance@gov.pe.ca) (See **Step 13** for more information)

## Step 2 – Applicant Contact Information

<b>Applicant Name (including middle name)</b>			
<b>Organization/Business/Farm Name (if applicable)</b>			
<b>Email</b>			
<b>Phone Number</b>		<b>Alt. Phone Number</b>	
<b>Mailing Address</b>			
<b>City/Town/Village</b>			
<b>Province</b>		<b>Postal Code</b>	

## Step 3 – Type of Business or Organization (Choose one and complete the required Social Insurance, Business, or Registration Number)

<b>Individual Proprietorship</b> Social Insurance Number:	
<b>Incorporated Company</b> Revenue Canada Business Number:	
<b>Partnership</b> Revenue Canada Business Number:	
<b>Registered Charitable Organization / Not-for-Profit</b> Registration Number:	

**Step 4 – Partnerships** (If you indicated “Partnerships” as your type of business in Step 5, please list the partner name(s) and their ownership per cent in the table below).

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

**Step 5 – Project Information**

<b>Project Title:</b>			
<b>Project Start Date</b>		<b>Project End Date</b>	

**Step 6 – Additional Sources of Project Funding**

Have you, or will you, secure any other Provincial and/or Federal Government Funding for this project?

- Yes                       No

If yes, please provide detailed information as indicated below

Source	Dollar Amount

**Step 7 – Recipient Type** (Applicant chooses one of the following options).

- |   |   |
|---|---|
| <input type="checkbox"/> Primary Producer       | <input type="checkbox"/> Processor  |
| <input type="checkbox"/> Industry Organizations | <input type="checkbox"/> Research Body (Institution)  |
| <input type="checkbox"/> Retailer/Wholesaler    | <input type="checkbox"/> Provincial/Territorial/Municipal Government  |
| <input type="checkbox"/> Service Provider       | <input type="checkbox"/> Indigenous (First Nations, Inuit, Métis) Group<br>(government, community, and/or including Tribal Councils, associations, organizations) |
| <input type="checkbox"/> Student                |   |

## Step 8 – Primary Type of Industry (I.e. Dairy, potato, beef, hog, grains and oilseeds).

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## Step 9 – Project Proposal (1-2 pages)

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

<b>Cover Page</b>	Include the project title, expected start and end date of the project, and contact information.
<b>Executive Summary</b>	Provide a summary of the operation and/or organization and conditions leading to this project. Outline what work is to be carried out, by whom, equipment involved, etc.
<b>Project Objectives</b>	Briefly describe the issue your project is designed to address and the project's final objectives.
<b>Timeline</b>	Identify the project's major timelines and activities (including submission of final report), including a description of activities and the activity's start and end date.
<b>Results</b>	State the expected commercial and/or economic benefits to the agriculture industry in PEI. Also, please note if there are positive environmental impacts expected because of this project.
<b>Sustainable CAP Outcome</b>	The Assurance Systems Program will contribute to the Sustainable CAP outcome of Enhancing Sector resiliency, diversity, equity and inclusion, and public trust. Please describe how your project will positively contribute to this specific outcome.
<b>Budget</b>	Include a detailed breakdown of total project costs and funding requested from the program.
<b>Evaluation</b>	How will you measure whether the project investments and activities achieved the objective (indicated in the project objective section of the proposal) of this project? How will you measure progress made toward achieving the project objective? How will you communicate the evaluation results?
<b>Communication of Support (if applicable)</b>	Please describe how you intend to recognize the support of the Department in communication material related to the project.

## Step 10 – Declaration and Consent to 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 Sustainable Canadian Agricultural Partnership program being delivered as part of the Canada-Prince Edward Island Sustainable Canadian Agricultural Partnership Framework and Bilateral Agreement. It will be used for determining eligibility 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 Sustainable 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 Sustainable 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 PEI Department of Agriculture or other program delivery agent does not oblige the PEI Department of Agriculture 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 Department via email 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  
(Please print)**

\_\_\_\_\_  
**Signature of Applicant/Signing  
Officer**

\_\_\_\_\_  
**Date (yy/mm/dd)**

## Step 11 – Applicant Demographic Information

Your response to the following questions will assist the Department in Understanding demographic profile of Sustainable CAP clients.

Please select which gender you identify as				
<input type="checkbox"/> Man	<input type="checkbox"/> Woman	<input type="checkbox"/> Non-binary	<input type="checkbox"/> Gender not listed	<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	
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	
Member of the Island's Acadian community?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say	
Member of an Indigenous group?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say	
Newcomer to Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say	
Part of another under-represented group?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say	

## Step 12 – Company/Organization Demographic Information

**1a) Is your company/organization owned (50% or more) by one of the following groups? Select all that apply.**

- |   |   |
|---|---|
| <input type="checkbox"/> Indigenous Person/Persons – First Nations                  | <input type="checkbox"/> Indigenous Person/Persons – Inuit          |
| <input type="checkbox"/> Indigenous Person/Persons – Métis                          | <input type="checkbox"/> Indigenous Person/Persons – Unknown/Unsure |
| <input type="checkbox"/> Woman/Women  | <input type="checkbox"/> Youth                                      |
| <input type="checkbox"/> Person(s) with disabilities                                | <input type="checkbox"/> Visible minority(ies)                      |
| <input type="checkbox"/> Gender Parity (50% women and/or non-binary people or more) | <input type="checkbox"/> Not applicable                             |
| <input type="checkbox"/> Decline to Identify  |   |

**1b) Does your organization's Board of Director's have a diverse composition with significant representation (30% or more) from one of more of the following groups? Select all that apply.**

- |   |   |
|---|---|
| <input type="checkbox"/> Indigenous Person/Persons – First Nations                  | <input type="checkbox"/> Indigenous Person/Persons – Inuit          |
| <input type="checkbox"/> Indigenous Person/Persons – Métis                          | <input type="checkbox"/> Indigenous Person/Persons – Unknown/Unsure |
| <input type="checkbox"/> Woman/Women  | <input type="checkbox"/> Youth                                      |
| <input type="checkbox"/> Person(s) with disabilities                                | <input type="checkbox"/> Visible minority(ies)                      |
| <input type="checkbox"/> Gender Parity (50% women and/or non-binary people or more) | <input type="checkbox"/> Not applicable                             |
| <input type="checkbox"/> Decline to Identify  |   |

**2) Indicate any of the following groups who will directly benefit from with project's activities. Select all that apply.**

- |  |   |
|--|---|
| <input type="checkbox"/> Indigenous Person/Persons – First Nations | <input type="checkbox"/> Indigenous Person/Persons – Inuit          |
| <input type="checkbox"/> Indigenous Person/Persons – Métis         | <input type="checkbox"/> Indigenous Person/Persons – Unknown/Unsure |
| <input type="checkbox"/> Woman/Women                               | <input type="checkbox"/> Youth                                      |
| <input type="checkbox"/> Person(s) with disabilities               | <input type="checkbox"/> Visible minority(ies)                      |
| <input type="checkbox"/> Not applicable                            | <input type="checkbox"/> Decline to Identify                        |

## Step 13 – Submitting the Application

Please complete the required Project Proposal and submit together with the general application.

Completed applications may be submitted to the attention of the Program Officer via regular mail or email

### **Email Applications:**

Once you have completed the application, you may email a signed copy in PDF to the **Assurance Systems Program** at [assurance@gov.pe.ca](mailto:assurance@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  
11 Kent Street  
PO Box 2000  
Charlottetown PE C1A 7N8  
(902) 368-4880 (telephone)

*Questions?*

Please email the **Assurance Systems Program** at [assurance@gov.pe.ca](mailto:assurance@gov.pe.ca)