

APPLICATION FORM SIGI: PEI Dairy Beef Cross Calf Pilot Project

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: _____			

2. Project Information
Where will the dairy beef cross calves be raised? <input type="checkbox"/> On the farm of origin (i.e., birth farm) <input type="checkbox"/> On another farm in PEI
Payment for the calves listed in this application shall be made to:
If the dairy beef cross calves are to be raised on another farm in PEI, please use the space below to provide the name and address of that farm:
Farm Name:
Mailing Address:

2.1 Project Funding								
Have you, or will you, secure 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								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Source</th> <th style="width: 50%;">Dollar Amount</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Source	Dollar Amount						
Source	Dollar Amount							

2.2 You are applying as: (please choose only one)	
<input type="checkbox"/> Primary producer	<input type="checkbox"/> Producer Organization
<input type="checkbox"/> Processor	<input type="checkbox"/> Processor Organization
<input type="checkbox"/> Other industry organization (i.e., associations, agri-service provider)	<input type="checkbox"/> Research body (i.e., university, hospital, research institute, information institute, etc.)
<input type="checkbox"/> Retailer/Wholesaler/Input supplier	<input type="checkbox"/> Provincial/Territorial Government
<input type="checkbox"/> Indigenous government/Indigenous community/Indigenous group	<input type="checkbox"/> Municipal Government

4. Application Checklist	
<input type="checkbox"/>	Signed application form
<input type="checkbox"/>	Signed CCIA Third Party User Authorization Form <i>Please note: This document can be found on the Project's website, or by emailing DBCCP@gov.pe.ca</i>

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 applications may be submitted to the Prince Edward Island Cattle Producers via regular mail or e-mail.	
E-Mail Applications Applications may be submitted via email at cattlemen@eastlink.ca Please include the program name in the subject line	
Regular Mail Applications PEI Cattle Producers 420 University Avenue Charlottetown, PEI C1A 7Z5 Phone: 902-368-2229	
<i>Questions?</i> Please e-mail DBCCP@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: