

APPLICATION FORM

DIRECT TO FARM: PEI EMERGENCY ON FARM SUPPORT FUND FOR COVID-19

Project/Client # (Office Use Only):

1. Applicant Information			
Full Name (including middle 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"/> 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"/> Other (Please Identify): Name of operation: _____			
1.2 Type of Industry (please choose only one)			
<input type="checkbox"/> Oilseed and grain farming (1111)	<input type="checkbox"/> Vegetable (potato) and melon farming (1112)	<input type="checkbox"/> Fruit and tree nut farming (1113)	<input type="checkbox"/> Greenhouse, nursery and floriculture production (1114)
<input type="checkbox"/> Other crop farming (1119) Please specify: _____	<input type="checkbox"/> Beef Cattle Ranching and Farming, including feedlots (11211)	<input type="checkbox"/> Hog and pig farming (1122)	<input type="checkbox"/> Poultry and egg production (1123)
<input type="checkbox"/> Sheep and goat farming (1124)	<input type="checkbox"/> Support activities for animal production (1152)	<input type="checkbox"/> Dairy Cattle and Milk Production (11212)	<input type="checkbox"/> Other animal production (1129) Please specify: _____
<input type="checkbox"/> Support activities for crop production (1151)	<input type="checkbox"/> Multiple Industries Please specify: _____	<input type="checkbox"/> Not applicable	

2.3 Project Proposal (1-2 pages) Please use the topics listed below as the subject headings of your proposal. <i>Note: If you are applying to submit receipts for past (retroactive) projects, please explain how the project's activities have addressed the items below.</i>	
Cover Page	Include the project title, expected start and end date of the project, and your contact information.
Executive Summary	Provide a summary of the project, and the conditions leading to this project.
Project Objectives	Describe the objectives / benefits of proposed activities and expenses in a way that is clearly stated.
Required Information	<ul style="list-style-type: none"> • Identify the project's timeline and activities. (Note: Eligible expenses are retroactive to March 15, 2020. Application forms must be submitted to the EOFSF Program Officer no later than January 15, 2021. Financial Claims and Final Report forms must be submitted to the EOFSF Program Officer, no later than February 15, 2021. • Include the activity's description, any person(s) or organizations associated with the activity and the activity's start and end date. • Clearly demonstrate that proposed activities and expenses are consistent with EOFSF's eligible activities and expenses (see eligible activities in Guidelines document). • Clearly demonstrate that proposed activities and expenses submitted in their application are a direct-result of the COVID-19 pandemic, and <i>not</i> part of regular operations. • Include a written plan documenting steps to prevent and limit the spread of COVID-19 (see Operational Plan template below).
Results	Explain how, specifically, the project will promote the health and safety of farm workers on by preventing and mitigating COVID-19.
Budget	Identify total project costs and funding requested from the program.
Reporting	Please provide the following information in your Project Proposal: <ul style="list-style-type: none"> • Number of domestic workers on your farm • Number of temporary foreign workers on your farm Please explain in your Project Proposal how you will collect the following information, to be submitted later to the EOFSF Program Officer on the Claim Form and Final Report Form: <ul style="list-style-type: none"> • Where the Program funding was spent (location, county or postal code) • Funding spent (dollar value broken down by cost category) <ul style="list-style-type: none"> ○ Expenditures for Workspace Adjustments ○ Expenditures for On-Farm Housing Enhancements ○ Expenditures for Off-Farm Housing ○ Expenditures for Transportation ○ Expenditures for disposable PPE ○ Expenditures for non-disposable PPE ○ Expenditures for training & interpretation services
Communication of Support (if applicable)	Please describe how you intend to recognize the support of the Department of Agriculture and Land and the Agriculture and Agri-Food Canada in communication material related to the project.

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 program delivery and evaluation. It will be used for determining eligible for program assistance;
- 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;
- understand that project-related information will be provided to Agriculture and Agri-Food Canada;
- 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;
- 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 before March 15, 2020 are not eligible for assistance under this program;
- understand that application forms are due no later than January 15, 2021, and that Financial Claims and Final Report forms are due no later than February 15, 2021;
- understand that applicants who have been found to be in non-compliance with Employment and Social Development Canada guidelines for temporary foreign workers will be disqualified;
- attest that any/all temporary foreign workers that will benefit from the project have completed the mandatory 14-day isolation period, as per the *Quarantine Act* and CPHO requirements; and
- agree that a complete Final Report, including financial verification, will be provided to the PEI Department of Agriculture and Land via email (PEIEOFSF@gov.pe.ca).

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

4. 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 a visible minority?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say

5. Submitting the Application

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

E-Mail Applications:

Once you have completed the application, you may e-mail a signed copy in PDF to PEIEOFSF@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
Direct to Farm: PEI Emergency On Farm Support Fund for COVID-19
11 Kent Street PO Box 2000
Charlottetown, PE
C1A 7N8
(902) 368-4880 (telephone)
(902) 368-4857 (facsimile)

Questions?

Please contact PEIEOFSF@gov.pe.ca

Date Application Received (Office Use Only):

Date Application Completed (Office Use Only):

DIRECT TO FARM SUPPORT: PEI EMERGENCY ON-FARM SUPPORT FUND (EOFSF) FOR COVID-19

OPERATIONAL PLAN

Name of Applicant: _____

Civic Address: _____

Owner/Manager Name: _____ Signature: _____

Phone: _____ Email: _____

Date: _____

1. Physical Distancing

Measures used to maintain physical distancing	Steps taken to ensure minimal interaction of people. (2 metres separation)
Within living accommodations (answer N/A if not applicable)	e.g. – adequately spaced living, sleeping, and eating areas. Maximum capacity in a given space.
Related to transportation (answer N/A if not applicable)	e.g. adequate space between passengers. Maximum capacity in a given space.
Between employees	e.g. – assigned workstations that are separated by 2 metres
Between clients and service providers (answer N/A if not applicable)	e.g. – directional signs on floor to avoid meeting

Between employees and visitors (answer N/A if not applicable)	e.g. – barrier in place between employees and visitors

2. Illness/Exclusion Policy

Management will clearly communicate to all staff the exclusion policy in place for any employee displaying symptoms of COVID-19. SAMPLE:

- All staff must self-monitor for symptoms and report to their supervisor if they have concerns about possible COVID exposure or possible symptoms.
- Any staff member developing symptoms of COVID-19 at work must immediately perform hand hygiene, report to manager, avoid contact with staff and leave as soon as it is safe to do so. Please call 811 to arrange testing.
- Symptomatic staff will be required to self-isolate until tested for COVID-19 and the results are confirmed.
- If the test results are negative for COVID-19 but the staff member remains ill and/or symptomatic, they should remain on sick leave.

Symptoms of COVID-19 include:

- cough (new or exacerbated chronic)
- sneezing
- headache
- congestion
- fever/chills
- body aches
- sore throat
- runny nose
- marked fatigue

3. Enhanced Cleaning and Disinfection of Shared Areas and Surfaces

Cleaning removes visible soil and/or dirt from surfaces. Cleaning works by using soap and water to physically remove germs from surfaces.

Disinfecting kills germs on surfaces. Disinfecting works by using chemicals to destroy germs.

Ensure to CLEAN visibly dirty surfaces, prior to DISINFECTION.

Name of cleaning product:	
Mixing instructions	

Name of disinfectant¹:	
Mixing instructions	

¹ Health Canada has a list of disinfectants that have demonstrated that they are likely to be effective against COVID-19. The list is available here: <https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html>

Shared Areas and Surfaces that will be cleaned and disinfected regularly:

Location	Frequency ¹
e.g. - door knobs, light switches,	e.g. every 4 hours

¹Not all shared areas and surfaces necessarily need to be cleaned at the same frequency as disinfection. If the shared area and/or surface is visibly dirty, it should be cleaned prior to disinfection. A minimum frequency of cleaning should be identified.

4. Hand Washing /Sanitizer Stations

We all have to do our part to prevent the spread of illness. We know that practicing good hygiene is an essential part of preventing the spread of COVID-19. To protect yourself and others from getting sick, take the following precautions:

- wash your hands often (in addition to routine times such as after using the washroom, before eating, when handling food for the public),
- cough/sneeze into your elbow or tissue and throw away,
- avoid touching your eyes, nose and mouth with your hands,
- use alcohol-based hand sanitizer if soap and water are not readily available.

Hand Washing Stations	Location
Staff	e.g. – lunch room, washrooms, living spaces, transportation

Public (if relevant)	e.g. – at entry (with signage)
Hand Sanitizer Stations	Location
Staff	e.g. – beside tool bench
Public (if relevant)	e.g. – at entry (with signage)

5. Additional directives/guidance

Consider any additional directives and/or guidance relevant to your operation and elaborate on how these will be integrated into your operations in your plan. Applicable guidance can be found online at www.princeedwardisland.ca/renewguidance.

e.g. records for contact tracing
