

APPLICATION FORM

Island Community Food Security Initiative

Project/Client # (Office Use Only):

1. Applicant Information

Full Name (including middle name):

Organization Name:

Mailing Address:	Organization's Twitter Handle (if applicable)
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Village/Town/City	Province	Postal Code
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Telephone No.	Cellular No.	Fax No.	E-mail Address
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Preferred method of communication:

Telephone
 Cellular phone
 SMS Text Message
 Email
 Other (please specify)

1.1 Type of Organization.

Choose one and complete the required information:

Registered Charitable Organization / Not-for-Profit
Please include the charity registration number

Registration number: _____

Incorporated Company (if you file to Canada Revenue Agency as a corporation)
(This number can be found on your tax forms and is required under the authority of the Income Tax Act)

Revenue Canada Business Number: _____

Other
Please Identify: _____

Registration number: _____

2. Project Information

Project Title: _____

Project Start Date: _____ Project End Date: _____

Funding Amount Being Requested: _____

2.1 You are applying as: (Please choose only one)

- Mi'kmaq First Nation, Indigenous Organization
- Group (not-for-profit, youth club, agricultural club, etc.)
- Institution (school)
- Municipality
- Others (may be considered upon special request)

2.2 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 a brief summary of the project.
Project Objectives	Describe the issue your project is designed to address and the project's final objectives.
Timeline	Identify the project's timeline and activities. 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 of your proposed project. Also, please note if there are positive environmental impacts expected because of this project.
Budget	Identify total project costs and funding requested from the program.
Evaluation	How will you measure progress made toward achieving the project objective?

3. Declarations and Consent to Use Personal Information

By submitting this form for project funding, I/We:

- Certify that all information submitted on this application is accurate, true and correct;
- Have read the Program Guidelines, and am/are in compliance with all program eligibility requirements contained in the Program Guidelines and Application Form;
- Certify that I/we will supply, on request, to the PEI Department of Agriculture and Land (PEIDAL), or their representative, any documentation they consider necessary to administer this Program;
- Consent to third parties, including Canada Revenue Agency (CRA), disclosing, upon request, information that PEIDAL considers necessary for the purpose of administering the Program;
- Understand that PEIDAL may impose limits on amounts otherwise payable, where all applications made under the Island Community Food Security Initiative exceed the amount of funds available;
- Agree to return all or part of the funds received under this Initiative to PEIDAL if it has been determined that an overpayment has been made for any reason including on the basis of an audit which establishes that the funds have been received in contravention of the Guidelines, these obligations, and/or laws of the Province of Prince Edward Island and federal laws of Canada;
- 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;
- Agree that information provided for purposes of the Initiative may be shared with the Canada Revenue Agency as it pertains to any potential taxable benefits, regarding claims, audits and evaluations as it relates directly to and is necessary for the Island Community Food Security Initiative;
- Agree to disclose other sources of financial assistance from, but not limited to, the federal, provincial, or municipal governments in respect of the purpose of this program if applicable;
- 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 Program. It will be used for determining eligibility for assistance and will be shared with the Canada Revenue Agency regarding the taxable benefit;
- Agree that PEIDAL may review, as necessary, information held by the respective governments related to other programs in which I/we am/are enrolled, to verify the information provided on this application form.
- Understand that Eligible Applicants who provide false or misleading information to the Program Administrator for the purposes of the Initiative forego all rights to Program payments, are liable to repay all payments they have received and may be subject to prosecution;
- 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 Initiative;
- Acknowledge that my/our completing this application form and by receiving advice from the Department or other delivery agent does not oblige the Department or other delivery agents to provide funding;
- Agree to participate in an evaluation and/or audit of the initiative; and
- Understand that projects funded may be communicated through the Department's public and social media channels.

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

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

5. Submitting the Application

Completed applications may be submitted to the attention of the **Island Community Food Security and 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 DeptAgLand@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
45 East Drive, PO Box 8
O'Leary, PE
C0B 1M0
(902) 859-0004 (telephone)
(902) 859-8709 (facsimile)

Questions?

Please e-mail DeptAgLand@gov.pe.ca

Date Application Received (Office Use Only):

Date Application Completed (Office Use Only):

Approved? Y N

Initials: