

**APPLICATION FORM**  
**COVID-19 Mitigation – Strategic Fund for Agriculture Project (SFAP)**  
Strategic Industry Growth Initiative

Project/Client # (Office Use Only):

<b>1. Applicant Information</b>			
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)			
<b>1.1 Type of Business or Organization.</b>			
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: _____			

<b>2. Project Information</b>			
Project Title: _____			
Project Start Date: _____		Project End Date: _____	
Total Weeks: _____			
Funding Amount Being Requested: _____			

<b>2.1 Project Funding</b>	
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 <b>yes</b> , provide detailed information as indicated below	
<b>Source</b>	<b>Dollar Amount</b>

<b>2.2 You are applying as: (please choose only one)</b>	
<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

<b>2.3 Type of Industry (Please choose only one)</b>			
<input type="checkbox"/> Oilseed and grain farming (1111)	<input type="checkbox"/> Vegetable 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"/> 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	

**2.5 Project Proposal (approximately 1 page)**  
Please use the topics listed below as the subject headings of your proposal.

<b>Executive Summary</b>	Provide a summary of the conditions leading to this project.
<b>Project Summary</b>	Describe how the project will increase or maintain the sector's competitiveness, productivity and/or profitability during the COVID-19 pandemic.
	Describe how the proposed project's activities will support the sector to mitigate the impacts of the COVID-19 pandemic.
<b>Budget</b>	Identify total estimated project costs and funding requested.

**2. Funding from Other Programs**

Please check 'yes' or 'no' to indicate if you would like this project to be considered for funding through other provincial or federal programs?

Yes  
 No

**Note:** You will be contacted by a program administrator if the project is eligible for funding through other programs.

### 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 Final Report including financial verification will be provided to the Department via email (SIGI@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 (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 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

## 5. Submitting the Application

Completed applications may be submitted to the attention of the SFAP 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 SIGI@gov.pe.ca  
Please include the following in the subject line: *SFAP Application*

### Regular Mail Applications:

Applications may be submitted via regular mail at:  
PEI Department of Agriculture and Land  
11 Kent Street  
PO Box 2000  
Charlottetown, PE  
C1A 7N8  
(902) 940-0871 (telephone)  
(902) 368-4857 (facsimile)

*Questions?*

Please e-mail SIGI@gov.pe.ca

Date Application Received (Office Use Only):

Date Application Completed (Office Use Only):

Approved?  Y  N

Initials: