APPLICATION FORM
Assurance Systems Program
Surveillance and Emergency Management Sub-Program

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:

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

1.1	**Type of Business or Organization.** Choose one and complete the required information

☐ Individual Proprietorship (if you file to Canada Revenue Agency as an individual)

Social Insurance 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: _____

☐ Partnership (if you file to Canada Revenue Agency as a partnership.)
Please include Revenue Canada Business Number

Revenue Canada Business Number: _____

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

Registration number: _____

☐ Other
Please Identify: _____

Registration number: _____

1.2	**Partnerships.**

1.2 Partnerships.
If you indicated "Partnership" as your type of business in Section 1.1, please list the partner name(s) and their ownership per cent in the table below.

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

2. Project Information

Project Title: _____

Project Start Date: _____ **Project End Date:** _____ **Total Weeks:** _____

Funding Amount Requested: _____

2.1 Project Funding

Have you, or will you, secure any other Provincial and/or Federal Government funding for this project?
☐ Yes   ☐ No

If **yes**, provide detailed information as indicated below

Source	Dollar Amount

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

☐ Primary producer	☐ Producer Organization
☐ Processor	☐ Processor Organization
☐ Other industry organization (i.e., associations, agri-service provider)	☐ Research body (i.e., university, hospital, and research institute, information institute, etc.)
☐ Retailer/Wholesaler/Input supplier	☐ Provincial/Territorial Government
☐ Indigenous government/Indigenous community/Indigenous group	☐ Municipal Government

2.3 Type of Industry
(Please choose only one)

☐ Oilseed and grain farming (1111)	☐ Vegetable and melon farming (1112)	☐ Fruit and tree nut farming (1113)	☐ Greenhouse, nursery and floriculture production (1114)
☐ Other crop farming (1119) Please specify: _____	☐ Beef Cattle Ranching and Farming, including feedlots (11211)	☐ Hog and pig farming (1122)	☐ Poultry and egg production (1123)
☐ Sheep and goat farming (1124)	☐ Support activities for animal production (1152)	☐ Dairy Cattle and Milk Production (11212)	☐ Other animal production (1129) Please specify: _____
☐ Support activities for crop production (1151)	☐ Dairy product manufacturing (3115)	☐ Fruit and vegetable preserving and specialty food (3114)	☐ Animal food manufacturing (3111)
☐ Grain and oilseed milling (3112)	☐ Other food manufacturing (3119)	☐ Meat product manufacturing (3116)	☐ Seafood product preparation and packaging (3117)
☐ Bakeries and tortilla manufacturing (3118)	☐ Farm product merchant wholesalers (411)	☐ Beverage manufacturing (3121)	☐Fiber, yarn, and thread mills (3121)
☐ Agricultural, construction and mining machinery manufacturing (3331)	☐ Professional, scientific and technical services (541)	☐ Food, beverage and tobacco merchant wholesalers (413)	☐ Food and beverage stores (445)
☐ Forest nurseries and gathering of forest products (1132)	☐ Multiple Industries Please specify: _____	☐Not applicable	

2.4 CAP Activity Area
Please choose one CAP Activity Area to which your project most aligns.

- ☐ International Market Development
- ☐ Domestic Market Development
- ☐ Business Development
- ☐ Climate Change Mitigation and Adaptation
- ☐ Research
- ☐ Training, Knowledge Transfer and Awareness Raising
- ☐ Adopting a New Technology, Activities/Practices, Process or Product
- ☐ Assurance Activities
- ☐ System, Equipment and Facility Modernization
- ☐ Pre-Commercial Development, Prototyping, and Demonstration
- ☐ Commercialization
- ☐ Miscellaneous (please specify)

2.5 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 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.

Project Objectives	Briefly describe the issue your project is designed to address and the project's final objectives.
Timeline	Identify the project's major timelines and activities (including submission of final report), include a description of activities and the activity's start and end date.
Results	State the expected commercial and/or economic benefits to the agriculture industry in PEI and more broadly. Also, please note if there are positive environmental impacts expected because of this project.
CAP Outcome	The Assurance Systems Program will contribute to the CAP outcome of improving the sector's anticipation, mitigation and response to risks. Please describe how your project will positively contribute to this specific outcome.
Budget	Identify total project costs and funding requested from the program.
Evaluation	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?
Communication of Support (if applicable)	Please describe how you intend to recognize the support of the Department in communication material related to the project.

3. Public Trust

The Department may increase support to projects in receipt of CAP funding in order to enable the implementation of communication activities that aim to reinforce confidence and public trust in the agriculture sector on PEI.

Do you wish to be considered for this funding?
☐ Yes   ☐ No

4. Department Goals
Please choose one goal to which your project most aligns.

☐ **Environmental Stewardship**
Promote environmental stewardship

☐ **Local Food**
Support local food through initiatives that promote a better understanding of where food comes from.

☐ **Food Sales, Security and Safety**
Develop a food cluster that promotes food sales, security and safety.

☐ **Innovation, Sales and Exports**
Encourage innovation, sales, and export possibilities for agriculture.

☐ **Public Trust**
Enhance the public's trust in PEI's agri-food sector.

☐ **Human Capital**
Development of a human capital strategy for PEI's primary industries and food manufacturing.

5. 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;
- 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 (assurance@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

6. 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	☐ Man	☐ Woman	☐ Gender not listed	☐ Prefer not to say
Are you a senior (age 65 or older)?	☐ Yes		☐ No	☐ Prefer not to say
Are you a youth (age 29 or under)?	☐ Yes		☐ No	☐ Prefer not to say
Do you identify as a person with a disability?	☐ Yes		☐ No	☐ Prefer not to say
What is your first language?	☐ English	☐ French	☐ Other	☐ Prefer not to say
Are you proficient in languages other than English or French?	☐ Yes		☐ No	☐ Prefer not to say
Do you identify as a member of the Island's Acadian community?	☐ Yes		☐ No	☐ Prefer not to say
Do you identify as a member of an Indigenous group?	☐ Yes		☐ No	☐ Prefer not to say
Do you identify as a newcomer to Canada?	☐ Yes		☐ No	☐ Prefer not to say
Do you identify as part of another under-represented group?	☐ Yes		☐ No	☐ Prefer not to say

7. Submitting the Application

Completed applications may be submitted to the attention of the **Assurance Systems 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 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 and Land

11 Kent Street	
PO Box 2000	
Charlottetown, PE	
C1A 7N8	
(902) 368-4880 (telephone)	
(902) 368-4857 (facsimile)	
Questions?	
Please e-mail assurance@gov.pe.ca	
Date Application Received (Office Use Only):	Date Application Competed (Office Use Only):
Approved? ☐ Y ☐ N	Initials:

June 2019