

COVID-19 Vax Pass Implementation Fund

CONTACT INFORMATION

Business/Organization name: _____
Contact first name: _____ Contact last name: _____
Address 1: _____
Address 2: _____
City, Town, or Community: _____ Province: _____ Postal code: _____
County: _____ Country: _____
Telephone 1: _____ Telephone 2: _____
Email: _____ Business website: _____

BUSINESS INFORMATION

Form of business: Sole Proprietor Partnership Corporation Not-for-profit Cooperative

Type of business:

For more information on requirements to check for vaccination status and related information, visit the [Government of PEI's Vax Pass For Businesses, Services and Events](#).

- Restaurant/Food Service (including indoor and patio dining)
 Indoor recreation (rink, gym, arcade, bowling alley, etc.)
 Outdoor recreation (soccer field, track, etc.)
 Meeting/Conference space
 Other, please specify: _____

CLAIM INFORMATION

***Please attach all receipts/invoices to your claim**

***Please attach proof of payment (If not paid at time of purchase, provide proof of payment)**

How many devices are you claiming? 1 2 3 4

If more than one device is being claimed, clearly demonstrate the operation requirement and benefit of multiple devices.

*Maximum 1000 characters

Total cost being requested (before HST)? \$ _____

Direct Deposit Form

Section A

Please print clearly or fill out electronically prior to sending

Date: DD/MM/YYYY
Company Name: _____
Full mailing address: _____

Contact name: _____
Phone number: _____

Section B

The preferred method of collecting banking information is a copy of a void cheque or pre-filled direct deposit form online or from your bank.

Business account name: _____
Financial institution name: _____
Branch address: _____

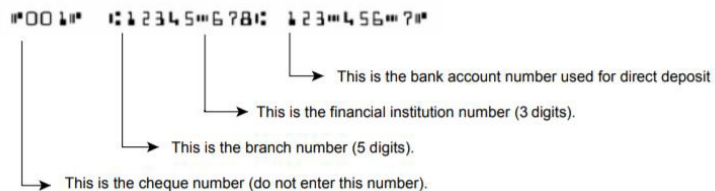
Email for payment notification: _____

Banking information

Institution number (3 digits): _____
Branch/transit number (5 digits): _____
Account number: _____

Example

This is an example of what the coding of the bottom of your cheque would look like.



The execution of this form authorizes Innovation PEI (the "Company") to send credit entries electronically to the account (the "Account") indicated above. This form authorizes the financial institution holding the Account to post all such entries. This authorization will be in effect until Innovation PEI receives a written termination notice from the account holder and has a reasonable opportunity to act on it.

The undersigned account holder(s) certify the information provided is correct.

Authorization signature: _____
Title position: _____

INNOVATION PEI USE ONLY

Posted: _____
Contact Email: _____

COVID-19 Vax Pass Implementation Fund Terms & Conditions

By submitting the COVID-19 Vax Pass Implementation Fund application (the “Application”), the applicant (the “Business”) agrees to the following Terms and Conditions for financial assistance from the COVID-19 Vax Pass Implementation Fund (the “Grant”). **These Terms and Conditions, the Application, the Request for Payment, and COVID-19 Vax Pass Implementation Fund Guidelines constitute the entire contract (the “Agreement”) between Innovation PEI and the Business.**

The Grant will be subject to the Business purchasing the Eligible Project Costs identified in the Application and Innovation PEI’s acceptance of the listed Eligible Project Costs for the implementation of screening measures to comply with the PEI Vax Pass Program.

The Grant will be calculated at the rate of 75 per cent of Eligible Project Costs to a maximum amount of \$525 per tablet, and to a maximum of \$2,100 per Business.

Payment will be based on the actual Eligible Project Costs as evidenced at the time of Request for Payment, but in no event will payment exceed the maximum Grant amount.

1.0 DEFINITIONS

“**Business**” means the business identified in the application form.

“**Grant**” means the financial assistance approved by Innovation PEI for COVID-19 Vax Pass Implementation Fund.

“**Project**” means the specified project-related activities, work, or undertaking presented in the Business’s Application.

“**Claim Form**” means the completed form listing Eligible Project Costs approved by Innovation PEI.

“**Request for Payment**” means the completed Claim Form, including a copy of each supplier invoice and proof of payment for each Eligible Project Cost.

“**Eligible Project Costs**” means those reasonable and proper costs of the Project which have been accepted by Innovation PEI, and in accordance with generally accepted accounting principles, **excluding** the following items:

- HST or any other federal or provincial tax which may be eligible to be fully or partially refunded;
- Any portion of the cost of an asset that, in the opinion of Innovation PEI, exceeds the fair market value of the asset;
- Equipment that does not meet security standards, specifically any tablet with an operating system below iOS 8 or Android 6.0 (API Level 23);
- Equipment that has a primary purpose other than the verification of Vax Pass credentials (e.g. mobile phones);
- Cellular and internet connectivity and service bill costs;
- Cell phones, laptops, and desktop computers;
- Expenses incurred before October 5, 2021;
- Expenses incurred after December 31, 2021;
- Items that were not purchased from a third party (arms-length), unaffiliated supplier;
- Owner or staff labour;
- Other items deemed not to be related to COVID-19 Vaccine Passport requirements outlined by CPHO; and
- This list is not exhaustive, and other items may be deemed ineligible by Innovation PEI.

2.0 PAYMENT

The Grant will be disbursed once the Business has submitted a complete Request for Payment to Innovation PEI for the Eligible Project Costs identified on the application. The Grant will be paid directly to the Business’s bank account using direct deposit, provided that:

- The Project is completed prior to application;
- All Eligible Project Costs were purchased from a third party (arms-length) supplier;
- Applicant clearly describes the completed work and how it directly relates to the implementation of vaccine passport requirements for their operations;
- Applicant provided a copy of a VOID cheque or complete and accurate banking information;
- Applicant attests that the costs have been incurred and paid; and
- Applicant agrees to retain all original documents for a period of three years (36 months) for the purpose of a follow-up audit by Innovation PEI.

3.0 ADDITIONAL CONDITIONS

In addition to the foregoing, the Business agrees to the following conditions:

1. Eligible Project Costs must be purchased between October 5, 2021, and December 31, 2021. Innovation PEI may decline to contribute to any costs incurred prior to October 5, 2021 and after December 31, 2021.
2. To complete the project and submit an application not later than February 28, 2022. If an application is not received by Innovation PEI by February 28, 2021, the Business has no future claim to payment of the Grant.
3. The Business may make a maximum of one (1) application, per business **location**, for a total maximum contribution of \$2,100 per company.
4. The Business consents to have Innovation PEI make any inquiries of such persons, firms, or corporations as it deems necessary in order to reach a decision on this application.
5. Assignment by the Business of the proceeds under the Grant as security to third parties shall not be valid without the prior express written consent of Innovation PEI.
6. Release of information relating to the funding of this Project may be made under the terms and conditions of this Agreement. No announcements may be made by the Business without the written approval of Innovation PEI.
7. No member of the Legislative Assembly of Prince Edward Island shall be admitted to any part or share of this Agreement or to any benefits to arise therefrom.
8. Should the Business fail to abide by any of the conditions under this Agreement, Innovation PEI may require that the Grant be repaid on demand and any unpaid amounts may be revoked.
9. The Business will provide all information required by Innovation PEI to complete the assessment of this application and make payment.
10. To permit any authorized representative of Innovation PEI reasonable access to the Business's premises to confirm completion of the Project.
11. Innovation PEI may decline to contribute to any cost incurred for purchases not identified in the Business's application and for costs for goods or services that do not meet the definition of Eligible Project Costs;
12. To further assist economic development in P.E.I., the Business shall consider purchasing all Eligible Project Costs, operating materials, supplies, and services from local P.E.I. firms, providing such firms are able to provide the same at competitive costs and provide equal quality and service.
13. To preserve and keep available for audit, the books, accounts, and records of the costs of the Project for thirty six (36) months after the completion of the Project, and permit an authorized representative of Innovation PEI reasonable access to the same for the purpose of an audit; supply such statistical data as may be required by Innovation PEI.
14. In the event the Business fails to comply this Agreement, ceases operations or conducts thereon activities not eligible under Innovation PEI's support, the Grant will be terminated, and any Grant payment paid during the period of non-compliance shall be refunded to Innovation PEI.
15. The Business shall indemnify and save Innovation PEI harmless from all claims, demands, actions, and causes of action of third parties that may arise out of this Project.

4.0 OTHER ASSISTANCE

The Business may not receive non-repayable contribution(s) or funding from any other source for the Project. If the Business accepts any non-repayable contribution(s) or funding from any other source for the Project, Innovation PEI's approval of the Fund will be null and void.

5.0 JURISDICTION

This Agreement shall be governed by and construed according to the laws of the Province of Prince Edward Island and the federal laws of Canada applicable therein, and no action or proceeding shall be brought to construe or enforce this Agreement except in those courts having jurisdiction in the Province of Prince Edward Island.

6.0 FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Information contained in and collected in relation to this Agreement is subject to, and will be treated in accordance with, the Prince Edward Island Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1988, Cap. F-15.01. Any information provided in respect of this Agreement may be subject to release under the FOIPP Act. The amount of the Grant may be disclosed at the discretion of Innovation PEI and in accordance with the Freedom of Information and Protection of Privacy Act.

For additional information contact Innovation PEI, Toll Free: 1-800-563-3734 or Email: innovation@gov.pe.ca.

As per the Public Health Order, operators of businesses, services and organizations required to have patrons provide proof of COVID-19 vaccination or proof of medical exemption:

1. Shall NOT retain an individual's proof of COVID-19 vaccination or proof of medical exemption or use it for any purpose except as required by PEI Vax Pass program.
2. With the written consent of a patron, a business, service or organization may keep a record of the fact only (not the proof of COVID-19 vaccination or proof of medical exemption) that a patron has provided proof of COVID-19 vaccination or proof of medical exemption to satisfy the requirements of this Order, in relation to a patron who frequently accesses the business, service or organization. The record that proof of vaccination was verified may only be kept as long as the Vax Pass program is in place.

ACCEPTANCE

DECLARATION AND ATTESTATION

- I declare that the information I have provided to the Government of Prince Edward Island on this application, including attachments is to the best of my knowledge and ability, true, accurate, and complete in every respect.
- I declare I will provide all information required by Innovation PEI to complete the assessment of this application.
- I agree that by submitting this application, I give permission for the collection, use, and disclosure of my personal or business information with other government departments, agencies, and organizations and give permission to use information provided in previously submitted program applications for the purpose of confirming eligibility.
- I consent to having Innovation PEI make any inquiries of such persons, firms, or corporations as it deems necessary in order to reach a decision on this application
- I attest I am required, by the Public Health Order to implement a vaccine passport measure in my business operations.
- I attest that the costs have been incurred and paid.

I agree to the disclaimers, privacy statements and terms and conditions of the COVID-19 Vax Pass Implementation Fund.