



**Canada-PEI
Food Safety, Biosecurity and Traceability Program
Implementation Assistance Sub-Program**

Growing Forward

Producer Application Form

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 **Food Safety, Biosecurity and Traceability Program** being delivered as part of the Canada-Prince Edward Island Growing Forward Framework and Bilateral Agreements. It will be used for determining eligibility for program assistance and will be shared with the Canada Revenue Agency regarding the taxable benefit and Agriculture and Agri-Food Canada regarding claims, audits, and evaluations of this program.

Full Name (including middle name)	Civic Address/Mailing Address/Postal Code
Business Name (if applicable)	Email Address
Telephone Number(s)	Fax Number
What type of business is your farm operation?	
Check one: Individual Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Incorporated <input type="checkbox"/>	
If you checked Individual Proprietorship or Partnership , please provide your Social Insurance Number.	
Social Insurance Number: _____	
If you checked Incorporated , please provide your Revenue Canada Business Number. This number can be found on your tax forms and is required under the authority of the <i>Income Tax Act</i> .	
Revenue Canada Business Number: _____	
Name of all owners	% Ownership (must total 100%)

Please submit completed application form or direct inquiries to:

Muriel Power, Program Contact
PEI Department of Agriculture
PO Box 1600, Charlottetown
PE C1A 7N3

Telephone: (902) 368-4154

Fax: (902) 368-5729

Email: mpower@gov.pe.ca

File Number (Office Use Only)	Date Application Received (Office Use Only)
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Project Detail			
Name of item/equipment*	Indicate whether: 1/ On-Farm Food Safety Equipment 2/ First Certification Audit 3/ Traceability Equipment	Pertains to which commodity?	Estimated cost of each item (not including taxes)
Total Costs			

* Use additional sheet if there is not enough space

Justification for Equipment

Is the above equipment included in the list of eligible items for this commodity? Yes No

(Consult with the Program Contact for a complete list of eligible items)

If no, please indicate why the equipment is required for on-farm food safety (OFFS) or traceability implementation.

Audit Assistance

Is this the first certification audit for this food safety program? Yes No N/A

Note: The maximum cost-shared contribution per farm unit, per commodity, over the four-year term of this program is \$2,500 in total for eligible on-farm food safety items and \$2,500 in total for eligible traceability items.

Declaration and Signature

I/We understand that:

A) Completed applications for this program must be received by the Department of Agriculture before funds will be allocated for eligible equipment. Expenses incurred prior to that date will not be eligible for reimbursement.

B) For items that are not on the eligible equipment list, producers shall consult with the Program Contact to determine whether or not the items qualify for funding before purchase. Without this determination, purchased items may not qualify for funding.

C) Original invoices and proof of payment (ie. canceled cheques, debit/credit card receipts or official receipts) must be accompanied with the claim form in order to receive funding.

D) Funding will be made available from April 1st to March 31st of the fiscal year in which the application is received or until funding is allocated for that year, whichever comes first.

E) Applicants are required to purchase the equipment and/or complete the first certification audit within four months of the date of approval. **(Please note: For those applying after December 1st, the final day for submission of claim with receipts is March 31st).**

F) If requested, applicants must participate in an evaluation and/or audit of the program.

G) The first certification audit assistance applies only to the initial audit of a food safety program.

I have read and agree to the Terms and Conditions provided in this application and declare that the information is to the best of my knowledge and ability, true and correct.

Applicant Signature: _____ Date: _____

For Office Use Only: Signature of authorized signing officer PEI Department of Agriculture _____ Date of Approval: _____
