



Canada-PEI Business Development Program

Growing Forward

Application Form FINANCIALS

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 **Business Development 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.

Section 1 - Applicant Information

• Have you completed the Business Self Assessment workshop and follow up? Yes No
If "Yes", please include a copy of the completed Action Plan with this application.

1. You are applying as (check one):
 proprietorship (individual) partnership corporation co-operative other association of persons

2. You are applying as (check one):
 an established farmer engaged in commercial agriculture production having a minimum of \$15,000 annual gross farm sales
 a beginning farmer (an individual who is new to farming or to a farming enterprise, or who intends to establish a farm business, or who has owned and operated a farm business for less than six years). In either case, you must demonstrate that your farm business will have within three years, or already has, annual gross from sales of \$15,000 or more.

Note: For individuals who intend to establish a farm business, you must provide proof of ownership or control of (owns/rents/leases) productive agricultural assets to generate farm income, and a farm budgetary forecast.

3. Please complete the section below (A or B) which applies to you:

A. If the applicant is a proprietorship (individual):

_____ (First Name) _____ (Middle Name) _____ (Last Name)

Social Insurance Number: _____

B. If the applicant is a partnership, corporation, co-operative or other association of persons:

Organization or Business Name: _____

Contact Person: _____ Business Number: _____

Names of partner(s) or shareholder(s): (attach separate page if necessary)

_____ (First Name) _____ (Middle Name) _____ (Last Name)

_____ (First Name) _____ (Middle Name) _____ (Last Name)

_____ (First Name) _____ (Middle Name) _____ (Last Name)

| | | | |
|---|---|--|---|
| 4. Please provide the following contact information: | | | |
| Civic Address (include Route # / Road Name) | | | |
| Village/Town/City | Province | Postal Code | |
| Telephone No. | Cellular Phone No. | Fax No. | Email Address |
| 5. Please check the principal commodity you produce (check only one): | | | |
| <input type="checkbox"/> Beef | <input type="checkbox"/> Sheep | <input type="checkbox"/> Other Poultry | <input type="checkbox"/> Fruit |
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Other Animals | <input type="checkbox"/> Vegetables | <input type="checkbox"/> Grains and Oilseeds |
| <input type="checkbox"/> Hogs | <input type="checkbox"/> Poultry and Eggs | <input type="checkbox"/> Potatoes | <input type="checkbox"/> Greenhouse and Nursery |
| <input type="checkbox"/> Other | | | |
| <p>Please Note: The information collected in Fields 6, 7 and 8 is collected for the purpose of assisting your consultant to perform the assessment but is not used to determine program eligibility. It may also be used for the purpose of evaluating and designing improvements to the program. The information is kept confidential and only used to compile statistics from which no one can be identified personally.</p> <p>If you are applying as an individual, please complete 6a, 7a and 8a only below. If you are applying as a partnership, corporation, co-operative, or other association of persons, please provide age and education information for the youngest and oldest applicant by completing both 6a, 7a and 8a and 6b, 7b and 8b.</p> | | | |
| 6 a. Age (youngest partner/member/shareholder) | | 6 b. Age (oldest partner/member/shareholder) | |
| <input type="checkbox"/> Under 25 <input type="checkbox"/> 25 - 34 <input type="checkbox"/> 35 - 44 <input type="checkbox"/> 45 - 54 <input type="checkbox"/> 55 - 64 <input type="checkbox"/> 65 + | | <input type="checkbox"/> Under 25 <input type="checkbox"/> 25 - 34 <input type="checkbox"/> 35 - 44 <input type="checkbox"/> 45 - 54 <input type="checkbox"/> 55 - 64 <input type="checkbox"/> 65 + | |
| 7 a. Highest level of education (youngest partner/member/shareholder) | | 7 b. Highest level of education (oldest partners/member/shareholder) | |
| <input type="checkbox"/> Some elementary school or some secondary (high) school (include upgraded and special education) <input type="checkbox"/> Completed secondary (high) school (graduation certificate or equivalent) <input type="checkbox"/> Some post-secondary, including college or university courses <input type="checkbox"/> Completed college or university certificate or diploma below bachelor level (e.g. trade, technical, or vocational school, agricultural diploma, business college, community school, CEGEP) <input type="checkbox"/> Completed university degree (bachelor's and above) | | <input type="checkbox"/> Some elementary school or some secondary (high) school (include upgraded and special education) <input type="checkbox"/> Completed secondary (high) school (graduation certificate or equivalent) <input type="checkbox"/> Some post-secondary, including college or university courses <input type="checkbox"/> Completed college or university certificate or diploma below bachelor level (e.g. trade, technical, or vocational school, agricultural diploma, business college, community school, CEGEP) <input type="checkbox"/> Completed university degree (bachelor's and above) | |

8 a. Years of management experience in the day-to-day operation of a farm (youngest partner/member/shareholder)

- Les than 6 years (Beginning farmer)
- 6 - 15 years
- 16 - 25 years
- 26 - 35 years
- 36 - 45 years
- 46 + years

8 b. Years of management experience in the day-to day operation of a farm (oldest partner/member/shareholder)

- Less than 6 years (Beginning farmer)
- 6 - 15 years
- 16 - 25 years
- 26 - 35 years
- 36 - 45 years
- 46 + years

Section 2 - Consultant Selection

You may select a qualified consultant of your choice.

The consultant you have selected is:

_____ Consultant's Name

_____ Consultant's Address

_____ Consultant's Telephone Number

The consultant you have selected must meet all of the following criteria:

- The consultant is a member in good standing of a recognized professional association or has related post-secondary education and has completed a course on ethics and professionalism.
- The consultant has experience in preparing similar financial assessments.
- The consultant has provided a minimum of two references from previous clients (names and telephone numbers) who can endorse past work of a similar nature.

Be sure to attach to this form a copy of your consultant's resume which should include details and documentation on all of the above; a copy of the proposal completed by your consultant outlining the work to be done, timing and cost of the plan; and the conflict of interest declaration (attached) signed by your consultant and you.

Section 3 - Declarations and Consent to Use Personal Information

By submitting this form for benefits under the Growing Forward Business Development Program, I/We:

- certify that all the information provided is complete and correct
- 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 Business Development 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 program management, claims, audits, and evaluations of this program
- agree that information provided for purposes of the Business Development Program 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 Growing Forward Framework and Bilateral Agreements
- agree to participate in an evaluation and/or audit of the program
- 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 and agree that the social insurance number (SIN) and the business number are 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 PEIDA or other Business Development Program delivery agent does not oblige PEIDA or other delivery agents to provide funding
- understand that expenses incurred prior to application approval are not eligible for assistance under this program.

Section 4 - Signature(s) - All applicants are to sign this form.

| | | |
|---|---------------------------------|---------------|
| _____ Name of applicant (please print) | _____ Signature of applicant | _____ Date |
| _____ Name of applicant (please print) | _____ Signature of applicant | _____ Date |
| _____ Name of applicant (please print) | _____ Signature of applicant | _____ Date |

Section 5 - Submitting the Application

Send your completed, signed application to:

Mail: PEI Department of Agriculture
PO Box 1600
Charlottetown, PE C1A 7N3

Fax: 902-368-5661

Deliver to: PEI Department of Agriculture
440 University Ave.
Charlottetown, PE

Attention: Helen Wellman

Please ensure that you have included the following documents:

- A proposal from your consultant addressing the minimum requirements outlining the work to be done, timing and cost of the plan
- Your consultant's resume, documentation of professional certification or proof of completion of ethics and professional course, and references from previous clients
- The conflict of interest declaration signed by your consultant and you.
- If you are a beginning farmer, documents to demonstrate that your new farm business has or will have annual gross farm sales of \$15,000 and over.
- If you intend to establish a farm business, proof of ownership and control of (owns/rents/leases) productive agricultural assets to generate farm income, and a farm budgetary forecast.
- If the Business Self-Assessment workshop and follow up was completed, include a copy of the completed Action Plan.

For further information, please contact Agriculture Information Desk, PEI Department of Agriculture

Phone: 902-368-4145 or Toll Free: 1-866-PEI-FARM (734-3276)

www.gov.pe.ca/go/GFbusprogram

File Number (Office Use Only)

Date Application Received (Office Use Only)