



## Canada-PEI Business Development Program

### Application Form PLANNING

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

Please check if this is a Group Application (two or more farming entities submitting an application for one project). In the case of Group Applications, one entity completes Section 1 and each additional entity completes Section 7.

1. 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.

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):

Beef       Sheep       Other Poultry       Fruit  
 Dairy       Other Animals       Vegetables       Grains and Oilseeds  
 Hogs       Poultry and Eggs       Potatoes       Greenhouse and Nursery  
 Other

**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 your eligibility for the Canada-PEI Business Development Program. 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.

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)</p> <p> <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 + </p>	<p>6 b. Age (oldest partner/member/shareholder)</p> <p> <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 + </p>
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<p>7 a. Highest level of education (youngest partner/member/shareholder)</p> <p> <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) </p>	<p>7 b. Highest level of education (oldest partners/member/shareholder)</p> <p> <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) </p>
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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 - Selecting a Consultant

9. 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 completed a course on ethics and professionalism.
- The consultant has experience in preparing business plans or succession plans.
- 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 signed by your consultant and you.

## Section 3 - Project Information

10. The proposed plan is:

- Action Plan Including Projections
- Strategic Plan
- Feasibility Assessment
- Succession Plan
- Comprehensive Business Plan
- Or Parts Thereof (please specify):
  - Marketing
  - Risk Management
  - Human Resource
  - Feasibility Assessment
  - Financial
  - Production

11. Describe what this service will enable you to accomplish and the expected benefits.

12. List the sources and amounts of any other funding you are using to develop this plan.

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

#### Section 4 - Declarations and Consent to Use Personal Information

By submitting this form for benefits under the Canada-PEI 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 Agri-Business Planning 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 5 - 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
_____ Name of applicant (please print)	_____ Signature of applicant	_____ Date



**Section 7 - Group Applicants Information****Note: Please complete Section 7 for each additional applicant in the group**

1. Have you completed the Business Self Assessment workshop and follow up?  Yes  No  
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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.

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\_\_\_\_\_ (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.	E-mail Address

5. Please check the principal commodity you produce (check only one):

- Beef  Sheep  Other Poultry  Fruit
- Dairy  Other Animals  Vegetables  Grains and Oilseeds
- Hogs  Poultry and Eggs  Potatoes  Greenhouse and Nursery
- Other

**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 your eligibility for the Canada-PEI Business Development Program. 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.

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6 a. Age  
(youngest partner/member/shareholder)

- Under 25
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 +

6 b. Age  
(oldest partner/member/shareholder)

- Under 25
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 +

7 a. Highest level of education  
(youngest partner/member/shareholder)

- Some elementary school or some secondary (high) school (include upgraded and special education)
- Completed secondary (high) school (graduation certificate or equivalent)
- Some post-secondary, including college or university courses
- Completed college or university certificate or diploma below bachelor level (e.g. trade, technical, or vocational school, agricultural diploma, business college, community school, CEGEP)
- Completed university degree (bachelor's and above)

7 b. Highest level of education  
(oldest partners/member/shareholder)

- Some elementary school or some secondary (high) school (include upgraded and special education)
- Completed secondary (high) school (graduation certificate or equivalent)
- Some post-secondary, including college or university courses
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8 a. Years of management experience in the day-to-day operation of a farm  
(youngest partner/member/shareholder)

- Less than 6 years (Beginning farmer)
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8 b. Years of management experience in the day-to day operation of a farm  
(oldest partner/member/shareholder)

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