



Growing Forward

Canada-PEI

Food Safety, Biosecurity and Traceability Program

Traceability Projects Sub-Program

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.

Organization/Business Name _____

Contact Name _____

Address _____ Postal Code _____

Telephone _____ Fax _____ Email _____

Revenue Canada Business Number _____ or Social Insurance Number _____

Project Title: _____

Project Proposal

In addition to this form, please prepare a 1-2 page project proposal using the following headings:

- 1. **Title** Provide a descriptive title for your project
- 2. **Overview** Provide a brief overview of the project
- 3. **Objective** Identify the project objective(s) - and the expected results of the project
- 4. **Background** Provide a summary of conditions leading to the project, and why you wish to proceed
- 5. **Description** Outline what work will be carried out, by whom, what equipment is involved, etc.
- 6. **Timeline** Identify a start date, end date, and other project milestones
- 7. **Target Audience** Identify the target audience for this project, if applicable
- 8. **Budget** Please provide a detailed budget complete with project items, cost of individual items, total project costs, and funding requested from the Traceability Projects Sub-Program. The budget should also include applicant cash and in-kind contribution as well as contribution from other government programs.

Total Amount of Funding Requested for this Project: \$ _____

I, certify that the information given on this application is to the best of my knowledge complete, true and accurate.

Date _____ Applicant Signature: _____

09AG15-25183

Please submit completed application form or direct inquiries to:

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