## **ASSURANCE SYSTEMS PROGRAM**

## APPLICATION FORM

	Project/CI	ient #: (Office Use Only)		
Section 1 - Applicant Information				
Full Name (including middle name):				
Business Name (if applicable):				
Mailing Address:				
Civic Address (if different than mailing address):				
Village/Town/City	Province	Postal Code		
Telephone No. Cellular Phone No.	Fax No.	E-mail Address		
Type of Business. Choose one and complete the required information:				
☐ Individual Proprietorship (if you file to Cana	ada Revenue Agency	as an individual)		
Social Insurance Number:				
Incorporated Company (if you file to Canac				
(This number can be found on your tax forms and is required under the authority of the Income Tax Act)				
Revenue Canada Business Number:				
Partnership (if you file to Canada Revenue Agency as a partnership.)  Please include Revenue Canada Business Number and All Partner's Social Insurance Numbers  Revenue Canada Business Number:				
Name of all Partners (for partnerships)	% of Ownership Mu	st Partners' Individual Social		
Traine of all Farthers (for partitions)	total 100%	Insurance Numbers:		







Section 2 - Project Detail				
Project Title:				
Identify other Drawinsial and Foderal Covernment	t founding courses that have been applied for			
Identify other Provincial and Federal Government	trunding sources that have been applied for:			
Have the source(s) confirmed funding (please che	ck appropriate box):			
Yes No				
You are applying as (check one) :				
☐ Established Farmer	☐ Beginning Farmer			
☐ Small to medium-sized Agri-Business	☐ Agri-Processor			
☐ Provincial Commodity Association or Mark	eeting Board Public or Academic Institution			
	Other:			
If the applicant is a farmer, check the principal commodity produced:				
in the applicant is a farmer, check the principal co	minouncy produced.			
☐ Beef ☐ Eggs ☐ Br	roilers   Other Poultry   Fruit			
☐ Mixed ☐ Dairy ☐ G	oats			
☐ Grains and Oilseeds ☐ Swine ☐ Sh	neep			
☐ Other: ☐ Other Cro	ps: Other Livestock:			
This program requires a short (1-2 page) project proposal using all of the following headings to describe the				
project:				
• Title: Provide a descript	Provide a descriptive title for your project.			
•	• <b>Overview:</b> Provide a very brief overview of the project.			
<ul> <li>Background: Provide a summar proceed.</li> </ul>	Provide a summary of conditions leading to the project and why you wish to			
•	k will be carried out, by whom, what equipment is involved, etc.			
	Its will be measured.			
l	State the expected commercial and/or economic benefits to the agricultural industry of Prince Edward Island. Describe potential environmental impacts (if any).			
	results will be communicated.			
• Timeline: Identify start date	and end date of project.			
<ul> <li>Target Audience: Identify the target</li> </ul>				
I	Provide a detailed budget complete with project items, costs, funding required			
from the Program	as well as any applicant in-kind or cash contribution.			

#### Section 3 - Declarations and Consent to Use Personal Information

By submitting this form for benefits under the Growing Forward 2 Programming, 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 Growing Forward 2 Program being delivered as part of the Canada-Prince Edward Island Growing
  Forward 2 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 Growing Forward 2 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 2
  Framework and Bilateral Agreements
- agree to participate in an evaluation and/or audit of the program, if required
- 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 PEIDAF or other Growing Forward 2 Program delivery agent does not oblige PEIDAF or other delivery agents to provide funding
- understand that expenses incurred prior to the submission of an approved application may not be eligible for assistance under this program.
- consent to the public release of my/our name, the amount of funding received, and the general nature of the project.

I, certify that the information given on this application is to the best of my knowledge complete, true and accurate.			
Name of Applicant/ Signing Officer (Please print)	Signature of Applicant/Signing Officer	 Date	

#### **Section 4 - Submitting the Application**

### Please submit completed application form or direct inquiries to:

Assurance Systems Program
PEI Department of Agriculture and Fisheries
PO Box 2000, 5<sup>th</sup> Floor Jones
Charlottetown, PE C1A 7N8
Telephone: (902) 894-0340

Fax: (902) 368-4857 Email: dfmuir@gov.pe.ca

Date Application Received (Office Use Only)	Date Application Completed (Office Use Only)
Date Application was Approved (Office Use Only)	

Date Application was Approved (Office use Offig)

# Assurance Systems Program Additional Application Information

#### **Eligible Applicants:**

For the On-Farm Assurance Systems Sub-Program, priority will be given to applicants that represent an industry or a significant number of producers in a sector.

For the Post-Farm Assurance Systems Sub-Program, projects must relate to activities undertaken by enterprises beyond on-farm production.

#### **Definitions:**

"Food processing enterprises" refers to targeted establishments that take raw animal and/or plant products that are produced on farm and cause one or more changes to enhance its quality and/or marketability for human or animal consumption.

"Post-Farm Agri-Food enterprises" refers to targeted enterprises that handle, transport, store or market agri-products.

#### In-kind contributions:

Projects may include in-kind or cash contribution by the applicant (or participants). The Review Committee will decide on the level of contribution that will be required by the applicant. Projects that represent and benefit greater numbers of an industry will receive a higher level of government contribution as compared to projects that benefit a small percentage of an industry.

#### **Administration Fee:**

For those applicants that represent an agricultural organization or agri-business, an administration fee may be eligible. Administration fee includes office expenditures required in delivering the project (ie. office space, phone/fax/internet) as well as project management and/or supervision and report development. The reimbursement for administration fee may be at a rate of up to 10% of the total project costs. The Review Committee will determine level of reimbursement on a case by case basis.

#### **Approval Process:**

- The applicant will receive an acknowledgement letter that the application was received and indicate whether further information is required.
- Upon review, a notification letter will be sent to the applicant indicating one of the following: approved as submitted; approved as amended; or rejected.
- Applicants wishing to proceed with the project must sign the approval letter and return it to the Program Lead. Depending on the project cost, the agreement will require the signing of a joint contract or be based on a letter of commitment from the Department.

#### **Claim Process:**

- A claim form must be submitted listing the expenditures/payments and be accompanied by copies of the original invoices and proof of payments.
- Claim payments will be issued after this documentation plus a detailed project report has been submitted.