

RESEARCH AND INNOVATION PROGRAM APPLICATION FORM

Technology and Science Adoption Sub-Program

Project/Client #: (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 Canada Revenue Agency as an individual)
 Social Insurance Number: _____

Incorporated Company (if you file to Canada Revenue Agency as a corporation)
(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 Must total 100%	Partners' Individual Social Insurance Numbers:

Section 2 - Project Detail

Project Title:

Identify other Provincial and Federal Government funding sources that have been applied for:

Have the source(s) confirmed funding (please check appropriate box):

Yes No

You are applying as (check one) - see definitions at the end of the application:

- | | |
|--|---|
| <input type="checkbox"/> Established Farmer | <input type="checkbox"/> Beginning Farmer |
| <input type="checkbox"/> Small to medium-sized Agri-Business | <input type="checkbox"/> Agri-Processor |
| <input type="checkbox"/> Provincial Commodity Association or Marketing Board | <input type="checkbox"/> Public or Academic Institution |
| <input type="checkbox"/> Land owner | <input type="checkbox"/> Other: _____ |

If the applicant is a farmer, check the principal commodity produced:

- | | | | | |
|--|---|---|--|---|
| <input type="checkbox"/> Beef | <input type="checkbox"/> Eggs | <input type="checkbox"/> Broilers | <input type="checkbox"/> Other Poultry | <input type="checkbox"/> Fruit |
| <input type="checkbox"/> Mixed | <input type="checkbox"/> Dairy | <input type="checkbox"/> Goats | <input type="checkbox"/> Vegetables | <input type="checkbox"/> Potatoes |
| <input type="checkbox"/> Grains and Oilseeds | <input type="checkbox"/> Swine | <input type="checkbox"/> Sheep | <input type="checkbox"/> Horses | <input type="checkbox"/> Greenhouse and Nursery |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other Crops: _____ | <input type="checkbox"/> Other Livestock: _____ | | |

Please check all items which identify your reason for applying for your Technology and Science Adoption project:

- | | |
|---|---|
| <input type="checkbox"/> Change in process | <input type="checkbox"/> Improved product quality |
| <input type="checkbox"/> More efficient labor use | <input type="checkbox"/> Matching capacity to production levels |
| <input type="checkbox"/> Technology / Automation | <input type="checkbox"/> Increased production at a lower cost per unit |
| <input type="checkbox"/> Improved safety | <input type="checkbox"/> Improved ability to meet market / consumer demands |

This program requires a short (1-2 page) project proposal using all of the following headings to describe the project:

- **Title:** *Provide a descriptive title for your project.*
- **Overview:** *Provide a very brief overview of the project.*
- **Objective:** *Identify the project objective(s) - and the expected results of the project.*
- **Background:** *Provide a summary of conditions leading to the project, past research in this area and why you wish to proceed.*
- **Description:** *Outline what work will be carried out, and by whom.
Describe how results will be measured.*
- **Impacts:** *State the expected commercial and/or economic benefits to the agricultural industry of Prince Edward Island. Describe potential environmental impacts.
What measures will you include to show improved efficiency?
What is the expected payback (time to recover cost of the investment)?
Please include a cost benefit analysis.*
- **Communication:** *Describe how the results will be communicated.*
- **Milestones:** *Identify start date and end date of project.*
- **Budget:** *Identify total project costs and funding requested from the program.*

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
- 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 are not 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

Signature of Applicant/Signing Officer

Date (please print)

Section 4 –Submitting the Application

Please submit completed application form or direct inquiries to:

Agriculture Research and Innovation Program
Technology and Science Adoption Sub-Program
PEI Department of Agriculture and Forestry
PO Box 2000, 5th Floor Jones
Charlottetown, PE
C1A 7N8
Phone: (902)368-4815 or Cell: (902)314-0828
Fax: (902)368-4857
E-mail: lemacswain@gov.pe.ca

Date Application Received (Office Use Only)

Date Application Completed (Office Use Only)

Date Application was Approved (Office Use Only)