

**Small Ruminant Enhancement Project  
(Sheep and Goats)  
Agricultural Livestock Enhancement Program**

**APPLICATION FORM**

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
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Telephone No. Cellular Phone No.	Fax No.	E-mail Address
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**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 – Funding Details**

**Member of the Prince Edward Island Sheep Breeders' Association: Yes  No**

**Attended a Prince Edward Island Sheep Breeders' Association sponsored training session under the required heading of the requested funding in 2015: Yes  No**

**The principal commodity produced: Sheep  Goat**

**Premise ID: \_\_\_\_\_**

**Number of mature females in the flock/herd: \_\_\_\_\_**

**Property number(s) of pasture land: \_\_\_\_\_**

**Identify which components of the program you wish to apply for:**

- Genetic Enhancement** \$ \_\_\_\_\_ @ 50% = \$ \_\_\_\_\_  
(ram/buck funding maximum of \$500)
- Purebred ram or buck
  - Cost associated with artificial insemination
  - Cost associated with genetic testing
  - Genetic evaluation software and training
  - Semen testing of bucks or rams

- Flock / Herd Health Initiatives** \$ \_\_\_\_\_ @ 50% = \$ \_\_\_\_\_
- Vaccines
  - Parasite testing
  - Veterinary services for flock / herd health
  - Postmortem at the Atlantic Veterinary College
  - Hoof trimming equipment (hand shears, electric hoof knife)
  - Foot bath & products (i.e. zinc sulfate 35.5%, Monohydrate powder)
  - Tilt table

- Feed Efficiency Initiatives** \$ \_\_\_\_\_ @ 50% = \$ \_\_\_\_\_
- Cost of analysis for feed, water and soil
  - Feed scale
  - Mineral feeder
  - Cost associated with intensive pasture management
  - Ration balance software and training
  - Creep feeder
  - Animal Scales
  - Out-of-season lambing initiatives

### 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
- I understand that expenses incurred prior to the submission of an approved application are not eligible for assistance under this program.

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:**

Lynda MacSwain Attn: Small Ruminant Enhancement Project  
PEI Department of Agriculture and Fisheries  
PO Box 2000, 5<sup>th</sup> Floor Jones  
Charlottetown, PE  
C1A 7N8  
Telephone: (902) 368-4815  
Fax: (902) 368-4857  
Email: lemacswain@gov.pe.ca

Date Application Received (Office Use Only)

Date Application Completed (Office Use Only)

Date Application was Approved (Office Use Only)