



Fisheries, Aquaculture and Rural Development

AQUACULTURE PROGRAM APPLICATION FORM

INSTRUCTIONS

- Answer questions completely and provide appropriate attachments
- Submit a completed application to the Department of Fisheries, Aquaculture and Rural Development
- Retain a copy for you own records
- All information will provide will remain and be kept confidential

Project Number:

IDENTIFY PROGRAM FOR WHICH YOU ARE APPLYING

Aquaculture Environmental Practises Program

Aquaculture Technology Program

Project title

APPLICANT INFORMATION

Company/Operation Name

Last Name

First:

Date:

Street Address

Apartment/Unit #

City

Prov.

Postal Code

Phone

E-mail Address:

TYPE OF ORGANIZATION

Incorporated

Sole Proprietorship

To be Incorporated

Cooperative

Partnership

Other (specify)

BUSINESS DESCRIPTION

Please describe you business, including (where applicable):

- The history of your business/ location of your business
- Lease location, number and acreage or fish farm permit, present shareholders, officers and directors
- Services offered or products produced
- Average amount of employees over the past year

--

IDENTIFICATION OF PROJECT OR ACTIVITY

PROJECT OBJECTIVE	Clearly state the result(s) expected from the activities included in this project, the impact they will have on your business/association and how this project fits into your long-term plan.

BACKGROUND	Describe the conditions which lead to this proposal or the reasons for undertaking this project.
-------------------	--

--	--

PROJECT DESCRIPTION	Describe in detail the activities incorporated into this project and how the project applies with the particular guidelines of the program that you are applying for.
PROJECT EVALUATION	Describe how you intend to evaluate this project (measure of success).

PROJECT COSTS

*Provide a complete project cost, listing items, suppliers, estimated costs and the month and year during which the costs will be incurred.

<i>ITEM</i>	<i>SUPPLIER</i>	<i>ESTIMATED COST</i>	<i>PURCHASE PERIOD</i>
TOTAL ESTIMATED COSTS		\$	

OTHER

Will other Departments or Agencies be involved financially in the project? If yes, to what extent?

Has a financial or legal commitment been made to this project before the application dates? If yes, provide details.

Project or Activity Period	Estimated Start Date: _____	Estimated Completion Date: _____
-----------------------------------	-----------------------------	----------------------------------

Other: If the application concerns a study, provide the Consultant(s) Proposal(s) and the Study's "Terms of Reference."

***Use this space to provide any supplementary information pertinent to your application, including literature and price quotations.**

Personal information on this form is collected under section 31 (c) of the Freedom of Information and Protection Privacy Act R.S.P.E.I. 1988, c. F-15.01 as it relates directly to and is necessary for the delivery of the Aquaculture Technology Program and the Aquaculture – Environmental Practises Program will be used for assessing applications submitted under the programs. If you have any questions about this collection of personal information, you may contact Brian Gillis (blgillis@gov.pe.ca) by phone at (902) 838-0895 or by fax at (902) 838-0975.

DECLARATION OF APPLICANT**To the Department of Fisheries, Aquaculture and Rural Development (as applicable):**

- (a) The information given in this application is, to the best of my knowledge and ability, complete, true and correct.
- (b) I certify the financial assistance from this Program is a significant factor in the decision to proceed with this project.
- (c) Where relevant I agree to allow the announcement of this project/activity or support public information activities related to this project/activity.

DATE**NAME****SIGNATURE****PLEASE RETURN THE COMPLETED APPLICATION FORM FOR PROJECTS TO:**

ATTN: BRIAN GILLIS
PEI DEPARTMENT FISHERIES, AQUACULTURE AND RURAL DEVELOPMENT
P.O. BOX 1180
MONTAGUE, PEI, C0A 1R0

PHONE: (902) 838-0895 FAX: (902) 838-0975