PEI DEPARTMENT OF FISHERIES, AQUACULTURE & RURAL DEVELOPMENT

AQUACULTURE TECHNOLOGY PROGRAM APPLICATION FORM

INSTRUCTIONS:

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

Project No. ‖ ‖ ‖ ‖ ‖ ‖ ‖

PROJECT TITLE:

IDENTIFICATION OF THE APPLICANT:

1. Legal name of applicant and operating name, if different.

Name:

Mailing Address:

Telephone Number:

Name and title of official to whom in inquires and/or enquiries may be directed.

2. Form of Organization

- ☐ Incorporated
- ☐ To be Incorporated
- ☐ Partnership
- ☐ Sole Proprietorship
- ☐ Cooperative
- ☐ Other (specify)

3. Describe your existing business, including (where applicable) the history of the business; lease location, number and, acreage or, fish farm permit number, present shareholders, officers and directors; location of business; services offered or products produced; and the average number of employees over the last year.

_____

_____

_____

_____

_____

_____

_____

_____

IDENTIFICATION OF PROJECT OR ACTIVITY

4. **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.

_____
_____
_____
_____
_____
_____
_____
_____
_____

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

_____
_____
_____
_____
_____
_____
_____
_____
_____

6. **PROJECT DESCRIPTION** - Describe in detail the activities incorporated into this project and how the project applies to the guidelines of the Program you are applying for.

_____
_____
_____
_____
_____
_____
_____
_____
_____

7. **PROJECT EVALUATION** - Describe how you intend to evaluate this project (measure the success).

_____

_____

_____

_____

_____

_____

_____

_____

_____

8. **PROJECT COSTS**: - Provide a complete project cost, listing items, supplier, estimated costs and the month and year during which they will be incurred.

Item	Supplier	Estimated Cost	Purchase Period

TOTAL ESTIMATED COST: _____

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

_____

_____

10. Has a financial or legal commitment been made to this project before application dates?

☐ No ☐ Yes-Provide details

11. Project or Activity Period

Estimated Start Date: _____

Estimated Completion Date: _____

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

_____

_____

_____

_____

_____

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

_____

_____

_____

_____

Note: 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 will be used for assessing applications submitted under the program. If you have any questions about this collection of personal information, you may contact the Director of Aquaculture Division, Department of Fisheries, Aquaculture and Rural Development P.O. Box 1180, Montague, PE C0A 1R0, Telephone; 902-838-0910, Fax; 902-838-0975.

14. **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 that 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.

_____ _____
Name and Title of Authorized Official Signature of Authorized Official

Signed at _____ this _____ day of _____ 20_____

Send completed application for projects to:

Department of Fisheries, Aquaculture and Rural Development
P.O. Box 1180
Montague, PE C0A 1R0
Phone: (902) 838-0910 Fax : (902) 838-0975