



P.E.I. DEPARTMENT OF FISHERIES, AQUACULTURE and RURAL DEVELOPMENT

QUALITY OYSTER AQUACULTURE 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 inquires and/or enquiries may be directed.

2. Describe your existing oyster venture, including (where applicable) the history of the business; lease location(s), lease number(s), acreage, level of production, equipment inventory, and the number of employees over the last year.

Multiple horizontal lines for text entry.

IDENTIFICATION OF PROJECT OR ACTIVITY

3. PROJECT OBJECTIVE - Describe the conditions which lead to this proposal or the reasons for undertaking this project. And; clearly state the result(s) expected from the activities included in this project, the impact they will have on your business, and how this project fits into your long-term plan.

4. 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.

5. PROJECT EVALUATION - How will this project result in an expansion of oysters on your lease sites.

6. **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: _____

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

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

No Yes-Provide details

9. Project or Activity Period

Estimated Start Date: _____

Estimated Completion Date: _____

10. 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 Quality Oyster Aquaculture Program and will be used for assessing application submitted under the program. If you have any questions about this collection of personal information, you may contact the Director of Aquaculture with the Department of Fisheries, Aquaculture & Rural Development P.O. Box 2000, Charlottetown, PE C1A 7N8, Telephone; 902-368-5615, Fax; 902-368-5542.

11. 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 2000
Charlottetown, PE C1A 7N8
Phone: (902) 368-6330 Fax : (902) 368-5542**

