

APPLICATION FORM – GENERAL

AGRICULTURE STEWARDSHIP PROGRAM



**Sustainable Canadian
Agricultural Partnership**

Competitive. Innovative. Resilient.

Date Received (Office Use Only):

Project/Client # (Office Use Only):

Step 1 – Application Requirements Checklist

- ☐ Complete and Sign Application Form – General
- ☐ Select each BMP category that you are applying for and complete the corresponding Appendix (**Step 6**). Appendices can be found on the Agriculture Stewardship Program webpage.
- ☐ Submit your completed application package (**Application Form – General** and **Appendix**) to agstewardship@gov.pe.ca (See **Step 13** for more information)

Step 2 – Applicant Contact Information

Applicant Name (Business Name or Individual Name (including middle name))			
Contact Name			
Secondary Contact			
Email			
Phone Number		Alt. Phone Number	
Mailing Address			
City/Town/Village			
Province		Postal Code	

Step 3 – Type of Business or Organization (Choose one and complete the required Social Insurance, Business, or Registration Number)

Individual Proprietorship Social Insurance Number:	
Incorporated Company Revenue Canada Business Number:	
Partnership Revenue Canada Business Number:	
Registered Charitable Organization / Not-for-Profit Registration Number:	

Step 4 – Partnerships (If you indicated “Partnerships” as your type of business in Step 3, please list the partner name(s) and their ownership per cent in the table below).

Name all partners (for partnerships)	Per cent of ownership
Total (must total 100%)	

Step 5 – Project Information

Project Title:			
Project Start Date		Project End Date	

Step 6 – Select BMP Categories and Complete Corresponding Appendix

BMP Category 1: Soil Health and Nutrient Management Complete Appendix A for 1.1 and Appendix B for 1.2 to 1.8	BMP Category 4: Water Supply and Management Complete Appendix E
<input type="checkbox"/> 1.1.1 Erosion Control Structures	<input type="checkbox"/> 4.1 Alternate Livestock Watering Systems
<input type="checkbox"/> 1.1.2 Advanced Merit Erosion Control Structures	<input type="checkbox"/> 4.2 Riparian Fencing
<input type="checkbox"/> 1.2 Spring Tillage of Forages	<input type="checkbox"/> 4.3 Stream Crossing for Livestock and Farm Machinery
<input type="checkbox"/> 1.3 Strip Tillage	<input type="checkbox"/> 4.4 Water Use Efficiency and Water Treatment
<input type="checkbox"/> 1.4 Transition to Zero Tillage	<input type="checkbox"/> 4.5 Water Supply and Irrigation Efficiency
<input type="checkbox"/> 1.5 Incorporating Soil-Building Crops in Rotations	<input type="checkbox"/> 4.6 Well Water Protection Measures
<input type="checkbox"/> 1.6 Increasing Perennial Forages in Rotations	
<input type="checkbox"/> 1.7 Improved Liquid Manure Application	
<input type="checkbox"/> 1.8 Introduction of Reduced Tillage	
BMP Category 2: Manure and Livestock Management Complete Appendix C	BMP Category 5: Integrated Pest Management (IPM) Complete Appendix F
<input type="checkbox"/> 2.1 Manure Storage Systems	<input type="checkbox"/> 5.1 Pest Monitoring for Data-Based Decisions
<input type="checkbox"/> 2.2 Covered Feedlots and Exercise Yards	<input type="checkbox"/> 5.2 Pest Suppressant Crop at the Time of Commercial Crop
<input type="checkbox"/> 2.3 Improved Silage Storage	<input type="checkbox"/> 5.3 Invertebrate Biological Control
	<input type="checkbox"/> 5.4 Anti-insect Barriers
BMP Category 3: Agroforestry Complete Appendix D	BMP Category 6: Demonstration Trials Complete Appendix G
<input type="checkbox"/> 3.1 Innovations in Agroforestry	<input type="checkbox"/> 6.1 Agri-Environmental Trials

Step 7 – Additional Sources of Project Funding

Have you, or will you, secure any other Provincial and/or Federal Government Funding for this project?

- ☐ Yes
- ☐ No

If yes, please provide detailed information as indicated below

Source	Dollar Amount

Step 8 – Recipient Type (Applicant chooses one of the following options)

- ☐ Primary Producer
- ☐ Processor
- ☐ Industry Organizations
- ☐ Research Body (Institution)
- ☐ Retailer/Wholesaler
- ☐ Provincial/Territorial/Municipal Government
- ☐ Service Provider
- ☐ Indigenous (First Nations, Inuit, Métis) Group
(government, community, and/or including Tribal Councils, associations, organizations)
- ☐ Student

Step 9 – Primary Type of Industry

(I.e. Dairy, potato, beef, hog, grains and oilseeds).

Step 10 – Declaration and Consent to Personal Information

By submitting this form for project funding, I/We:

- 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 Sustainable Canadian Agricultural Partnership program being delivered as part of the Canada-Prince Edward Island Sustainable Canadian Agricultural Partnership Framework and Bilateral Agreement. 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 evaluation of this program;
- agree that information provided for purposes of the Sustainable Canadian Agricultural Partnership 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 Sustainable Canadian Agricultural Partnership Framework and Bilateral Agreements;
- agree to participate in an evaluation and/or audit of the program;
- understand that projects funded may be communicated through the Department’s public and social media channels;
- 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 that the Social Insurance Number, Business Number and/or Charity Registration Number is 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 the PEI Department of Agriculture or other program delivery agent does not oblige the PEI Department of Agriculture or other delivery agents to provide funding; and
- 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.

<hr/>	<hr/>	<hr/>
Name of Applicant/Signing Officer (Please print)	Signature of Applicant/Signing Officer	Date (yy/mm/dd)

Step 11 – Applicant Demographic Information

Your response to the following questions will assist the Department in understanding demographic profile of Sustainable CAP clients.

Please select which gender you identify as			
<input type="checkbox"/> Man	<input type="checkbox"/> Woman	<input type="checkbox"/> Non-binary	<input type="checkbox"/> Gender not listed
<input type="checkbox"/> Prefer not to say			
What is your first language?			
<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say
Are you proficient in languages other than English or French?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
Are you a senior (age 65 or older?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
Are you a youth (age 29 or under?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
Do you identify as a:			
Person with a disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
Member of the Island's Acadian community?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
Member of an Indigenous group?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
Newcomer to Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
Part of another under-represented group?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say

Step 12 – Company/Organization Demographic Information

1a) Is your company/organization owned (50% or more) by one of the following groups? Select all that apply.

<input type="checkbox"/> Indigenous Person/Persons – First Nations	<input type="checkbox"/> Indigenous Person/Persons – Inuit
<input type="checkbox"/> Indigenous Person/Persons – Métis	<input type="checkbox"/> Indigenous Person/Persons – Unknown/Unsure
<input type="checkbox"/> Woman/Women	<input type="checkbox"/> Youth
<input type="checkbox"/> Person(s) with disabilities	<input type="checkbox"/> Visible minority(ies)
<input type="checkbox"/> Gender Parity (50% women and/or non-binary people or more)	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Decline to Identify	

1b) Does your organization's Board of Directors have a diverse composition with significant representation (30% or more) from one of more of the following groups? Select all that apply.

<input type="checkbox"/> Indigenous Person/Persons – First Nations	<input type="checkbox"/> Indigenous Person/Persons – Inuit
<input type="checkbox"/> Indigenous Person/Persons – Métis	<input type="checkbox"/> Indigenous Person/Persons – Unknown/Unsure
<input type="checkbox"/> Woman/Women	<input type="checkbox"/> Youth
<input type="checkbox"/> Person(s) with disabilities	<input type="checkbox"/> Visible minority(ies)
<input type="checkbox"/> Gender Parity (50% women and/or non-binary people or more)	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Decline to Identify	

2) Indicate any of the following groups who will directly benefit from with project's activities. Select all that apply.

<input type="checkbox"/> Indigenous Person/Persons – First Nations	<input type="checkbox"/> Indigenous Person/Persons – Inuit
<input type="checkbox"/> Indigenous Person/Persons – Métis	<input type="checkbox"/> Indigenous Person/Persons – Unknown/Unsure
<input type="checkbox"/> Woman/Women	<input type="checkbox"/> Youth
<input type="checkbox"/> Person(s) with disabilities	<input type="checkbox"/> Visible minority(ies)
<input type="checkbox"/> Not applicable	<input type="checkbox"/> Decline to Identify

Step 13 – Submitting the Application

Please complete the required appendices and submit together with the general application.

Completed applications may be submitted to the attention of the Program Officer via regular mail or email.

Email Applications:

Once you have completed the application, you may email a signed copy in PDF to the **Agriculture Stewardship Program** at agstewardship@gov.pe.ca
Please include the program name in the subject line.

Regular Mail Applications:

Applications may be submitted via regular mail at:
PEI Department of Agriculture
11 Kent Street
PO Box 2000
Charlottetown PE C1A 7N8
(902) 368-4880 (telephone)

Questions?

Please email the **Agriculture Stewardship Program** at agstewardship@gov.pe.ca