

APPLICATION FORM – GENERAL

GROW THE HERD PILOT 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 sub-program that you are applying for and complete the corresponding Appendix (**Step 6**)
- ☐ Program specific requirements if necessary
- ☐ Submit your completed application package (Application Form and Appendix if applicable) to livestock@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		Premise ID Number	

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 – Sub-Program (Please select which sub-program(s) you are applying for).

<input type="checkbox"/> Heifer or Cow Retention/Purchase Incentive
Complete Appendix A
<input type="checkbox"/> Certified Island Beef (CIB) Brand Incentive – Cow / Calf Producers
Complete Appendix B
<input type="checkbox"/> Certified Island Beef (CIB) Brand Incentive – Feedlot Producers
Do not complete any Appendices

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)

- | | |
|---|---|
| <input type="checkbox"/> Primary Producer | <input type="checkbox"/> Processor |
| <input type="checkbox"/> Industry Organizations | <input type="checkbox"/> Research Body (Institution) |
| <input type="checkbox"/> Retailer/Wholesaler | <input type="checkbox"/> Provincial/Territorial/Municipal Government |
| <input type="checkbox"/> Service Provider | <input type="checkbox"/> Indigenous (First Nations, Inuit, Métis) Group
(government, community, and/or including Tribal Councils, associations, organizations) |
| <input type="checkbox"/> 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;
- understand that expenses incurred prior to the submission of an approved application are not eligible for assistance under this program; and
- agree that a completed Final Report including financial verification will be provided to the Department via email within 60 days of the completion of the project.

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 (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 |

13 – Submitting the Application

Please complete the required Project Proposal [or 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 **Grow the Herd Pilot Program** at livestock@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

Grow the Herd Pilot Program

11 Kent Street

PO Box 2000

Charlottetown PE C1A 7N8

(902) 368-4880 (telephone)

Questions?

Please email the **Grow the Herd Pilot Program** at livestock@gov.pe.ca

Appendix A:

APPENDIX A: RETAINED/PURCHASED FEMALES – PUREBRED AND COMMERCIAL

Number of mature females

(cows that have already had one calf) in the herd: _____

Normal retention rate of 5% = _____ heifers

Please submit pregnancy check or verified calf at side letter from your veterinarian

Retained Bred Heifers

Herd ID	CCIA#	Purebred Tattoo or Commercial	Vet check

Purchased Bred Heifers or Bred Cows

Herd ID	CCIA#	Cow or Heifer	Purebred Tattoo or Commercial	Vet check

For office use only:

Amount of Assistance Eligible For: \$_____ Date: _____

Approval Signature(s): _____

Comments:

Appendix B:

APPENDIX B: Certified Island Beef Manifest for Grow the Herd Pilot Program



Date of Sale: _____

Cow/Calf Producer:

Name	
Mailing Address	
Premise ID	
Phone / Email	

Cow/Calf Producer Affidavit: Feeders must NOT have been administered synthetic hormones

Cow/Calf Producer's Signature: _____ **Date:** _____

CCIA Tag Numbers

Sold to CIB Feedlot Producer:

Name	
Mailing Address	
Premise ID	
Phone / Email	

Feedlot Producer Affidavit: I have purchased or retained the feeders listed herein with the intention of marketing them under the Certified Island Beef brand. I have confirmed that they have met the production protocols and are eligible to be marketed under the Certified Island Beef brand. Failure to market these animals through Atlantic Beef Products may result in a penalty to the feedlot producer

* For Grow the Herd Pilot Project, feeders must be born in PEI and finished in PEI CIB feedlots.

Feedlot Producer's Signature: _____ **Date:** _____

I give consent for Atlantic Beef Products Inc to release carcass information to the Grow the Herd Pilot Program administrators for the purpose of determining payment incentive information.

Name of Applicant/Signing Officer (Please Print)	Signature of Applicant/Signing Officer	Date
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