

APPLICATION FORM

Horticulture Diversification 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
- ☐ Gather all applicable supporting documentation (See **Step 12** for more information)
- ☐ Submit your completed application package to hort@gov.pe.ca (See **Step 16** for more information)

Step 2 – Applicant Information and Type of Business or Organization

Applicant Legal Name (Business Name or Individual Name (including middle name))	
Please provide your Social Insurance, Business, or Registration Number (depending on your organization). Please note: if approved, this is the individual, business, or organization that will receive a Funding Agreement, incur all eligible project expenses, issue all payments for eligible expenses, and receive an AGR-1. This number must match the Applicant Legal Name above.	
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 3 – Contact Information

Contact Name			
Secondary Contact			
Email			
Phone Number		Alt. Phone Number	
Mailing Address			
City/Town/Village			
Province		Postal Code	

Step 4 – Partnerships (If you indicated “Partnerships” as your type of business in Step 2, 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 Location: (PID)			
Is the property?	Owned <input type="checkbox"/>	Leased/rented:	<input type="checkbox"/>
Project Start Date		Project End Date	
Is the Applicant enrolled in the Future Farmer Program?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>

Step 6 – Recipient Type (Applicant chooses one of the following options)

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

Step 7 – Primary Type of Industry (i.e. horticulture, dairy, beef, hog, grains and oilseeds).

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NOTE:

The information provided in Step 8 and 9 of this application will be used by the Program Review Committee to assess your project for merit and impact. Project merit will be assessed according to the following criteria:

- 1) the project description and justifications (as found in the application form and supplemental documentation),*
- 2) the project impact on the operation and on the sector,*
- 3) proposed budget,*
- 4) the applicant's experience and track record.*

Please include any supplemental information that would help the Committee assess your project.

Step 8 – Tell us about your business

Provide an overview of your farm operation: Years in business, current markets, key opportunities and challenges

Describe your current protected production area (i.e. area in greenhouse production or under plastic): What types of structures are on your farm? What is the total area for each structure type? Do you use supplemental heating? Ventilation? Lighting?

Describe your current crop storage capacity: How many crop storage rooms, total areas, and current ventilation and cooling systems?

Please list primary crops you produce and estimate the annual yield of those crops:

Crop Type	Yield	Crop Type	Yield

What are your primary business goals over the next five years?

Step 9– Project Information

Please refer to program guidelines for a description of eligible expenses and activities.

Please indicate which program stream(s) you are applying under:	
<input type="checkbox"/> Season Extension and CEA Expansion	<input type="checkbox"/> Efficiency and Productivity
<input type="checkbox"/> Post-Harvest Cooling, Freezing and Storage	<input type="checkbox"/> Agronomic Support

Project Description:
Provide a description of the project and its main objectives. What additions or changes do you wish to make to your operation with the assistance of this program. Please include details specific to your project, and include supplemental pages as needed.

For **season extension** projects, please provide a detailed description of the structure/infrastructure including dimensions, structural materials, site preparation, anchoring and ventilation, irrigation and other systems.

For **crop storage** projects, please provide a detailed description of the storage including insulation (type, thickness); flooring and wall materials; and heating, ventilation, pre-cooling, cooling systems. Provide a plan of the building with the dimensions.

For adopting technologies to improve **efficiencies and productivity**, please describe the equipment and how it'll optimize farm operations increase revenues or decrease costs.

If this project increases yields, how will you market increased production?

How will this project help you to meet your farm's business goals?

By how much do you expect this project will increase revenue or decrease production costs? How else would you measure this project if successful?

How will this project help increase the supply of fruit and vegetables on PEI?

Agronomic Support: If you are contracting agronomic expertise to support your farm, please complete the following information.

Agronomist Name:

Company/ Organization:

Agronomic challenges being addressed:

For projects including contracting specialized agronomic expertise, a Statement of Work from the consultant must be submitted with as supplemental documentation.

Please include any other information you deem necessary for the evaluation of your project proposal

Step 10: Budget

Budget		
Project Expenses (i.e. materials, services, labour, equipment)	Supplier	Estimated Cost (less HST)
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total:		\$

Step 11 – 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 12 – Supplemental Documentation

Please submit with application:

- Detailed, itemized quotes for all expenses;
- Development and building permits as necessary (depending on the project);
- For new farmers, not yet grossing \$20,000 in horticulture food sales, supplemental information about your business and your plans will be requested; and
- For projects contracting agronomic support, a statement of work from the consultant.

Step 13 – 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 31(c) 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 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.

<div>Name of Applicant/Signing Officer (Please print)</div>	<div>Signature of Applicant/Signing Officer</div>	<div>Date (yy/mm/dd)</div>
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Step 14 – 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 15 – 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 |

16 – Submitting the Application

Please complete the required Project Proposal 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 **Horticulture Diversification Program** at hort@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
Attn: Horticulture Diversification Program
11 Kent Street
PO Box 2000
Charlottetown PE C1A 7N8

Questions?

Please email the **Horticulture Diversification Program** at hort@gov.pe.ca or call at (902) 916-0792