



Canadian Agricultural Partnership Newfoundland and Labrador

Agriculture Business Program Application

All applications and supporting documentation must be submitted to:

Attn: Canadian Agricultural Partnership Program
Department of Fisheries and Land Resources
Agriculture Business Development Division
P.O. Box 2006
Corner Brook, NL A2H 6J8
Fax: 709-637-2589
Email: CAP@gov.nl.ca

This application is subject to change from time to time without notice. Consult our website at www.gov.nl.ca/flr for the most up-to-date information or contact us by phone at 709-637-2077 or by email at CAP@gov.nl.ca.



Legal Name of Applicant	Contact Name	File # <i>Office Use Only</i>
Agri-Business/Farm Name (if applicable)	Agri-Business/Farm Location(s) <input type="checkbox"/> Same as Mailing Address <input type="checkbox"/>	<input type="checkbox"/> New Entrant Years operating: _____ <input type="checkbox"/> Business Plan attached <input type="checkbox"/> Business Plan on file Refer to program guide for information on New Entrant requirements
Mailing Address	Provincial Electoral District of Farm	
Telephone Number	Facsimile Number	Cell Number
E-mail		
Please indicate your agri-business type below		
<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Legislative Body
<input type="checkbox"/> Industry Association		<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Partnership – Provide names, addresses and percentage of ownership		
Name		%
Address		
Name		%
Address		
Name		%
Address		
<input type="checkbox"/> Corporation		
Please complete name, address and percentage of ownership for each shareholder		
Name		%
Address		
Name		%
Address		
Name		%
Address		
Provide the names and addresses of any business entities in which sole proprietors / partners / shareholders / spouses have ownership		
Name -		Company Name -
Address		
Name -		Company Name -
Address		
Name -		Company Name -
Address		
Notes:		
<input type="checkbox"/> Cooperative – provide names of cooperative members below:		
Notes:		

Have you completed an Environmental Farm Plan (EFP)? No Yes - indicate date completed DD / MM / YYYY

Have you registered for the Premise Identification Program? No Yes

Are you, any shareholders or spouses a current or former federal/provincial public office holder, or federal/provincial public servant? No Yes

If Yes, refer to the Canadian Agricultural Partnership Program Guide for Conflict of Interest Guidelines.

Are you or any of your partners / shareholders in arrears with the Government of Newfoundland and Labrador?

- No
 Yes - include details with application

Have you or any of your partners / shareholders had a loan or other debt written off by the Government of Newfoundland and Labrador within the last 6 years?

- No
 Yes - include details with application

Are you a Canadian citizen or do you have Permanent Canadian Resident Status and are at least 19 years of age?

- No - include details with application
 Yes

Are you (the applicant) capable of entering into a contractual agreement with the Minister of Fisheries and Land Resources?

- No - include details with application
 Yes

Provide a description of your agri-business including farm history, commodities produced, secondary processing activities, average annual gross business revenue and any future development plans. If additional space is required, please provide on a separate sheet.

If you are a livestock/poultry operator, identify the provincial/federal facility where the livestock/poultry are slaughtered.

Please indicate the approximate number of livestock/poultry on farm in the past twelve months.

Dairy		Poultry		Mink <input type="checkbox"/> Fox <input type="checkbox"/>	Beef <input type="checkbox"/> Sheep <input type="checkbox"/>	Other:	
Milking		Broilers		Breeders		Breeders	
Dry		Layers		Kits		Market	
Replacements		Pullets				Other	
		Turkeys					

Complete the table below to indicate land use information for the most recent production year.

Type of Crop	Greenhouse Space (ft ² or m ²)	Acreage in crop

Project Economic Impact

Please describe the **current paid labour** for your operation

Employment Status	Type of Employment	Number of Employees (A)	Number of Weeks Employed Annually (B)	Average Hours Worked per week (C)	Hours Worked (A x B x C)
Permanent Employees	Full Time (30 + hours)				
	Part Time (< 30 hours)				
Seasonal and Temporary Employees	Full Time (30 + hours)				
	Part Time (< 30 hours)				
	Total Number of Employees			Total Hours Worked	

Please describe the **paid labour required to complete the project**

Permanent Employees	Full Time (30 + hours)				
	Part Time (< 30 hours)				
Seasonal and Temporary Employees	Full Time (30 + hours)				
	Part Time (< 30 hours)				
	Total Number of Employees			Total Hours Worked	

Please describe the anticipated **paid labour for your operation once the project is complete**

Permanent Employees	Full Time (30 + hours)				
	Part Time (< 30 hours)				
Seasonal and Temporary Employees	Full Time (30 + hours)				
	Part Time (< 30 hours)				
	Total Number of Employees			Total Hours Worked	

Including the contract services required to complete the proposed project, please describe the labour market impact of your project (i.e. employment creation and types of job).

Please provide comments on how this project will contribute to the expansion and growth of the Newfoundland and Labrador agriculture, agri-foods and agri-products sector (i.e. food self-sufficiency, secondary processing and value-added agriculture). If additional space is required, please provide on a separate sheet.

Market Development

The sector will be able to build on new opportunities and existing markets, and support growth and food self-sufficiency targets. Investments will enhance the domestic and international market capacity as well as enhance market competitiveness of the sector. **Please consult the Program Guide, pages 17-21 for information relevant to your Agriculture Business Program Application.**

Provide details of the proposed activities for which you are requesting funding.

<input type="checkbox"/>	Market research, analysis and strategic planning	Planning or implementation of promotional activities
<input type="checkbox"/>	Training and Advisory Services	Physical infrastructure (i.e. farm markets, signage)
<input type="checkbox"/>	Support for initial organic certification and audit costs	Equipment
<input type="checkbox"/>	Agri-tourism activities or infrastructure	Development or implementation of export capacity building activities

My agri-business is in transition to being Certified Organic | Certifying Agency: _____

Please provide the details of your project including challenges, issues and/or opportunities addressed by the project.

Please provide details of your managerial ability and agriculture or business experience.

Please comment on the benefit the project will have on your operation and the Newfoundland and Labrador agriculture, agri-foods and agri-products sector. If the applicant is a not-for-profit organization, legislated entity, Indigenous group or regional economic development group, do you have agriculture industry support for the project? Please explain.

Estimated Project Start Time:	Estimated Project Completion Time:	Location of Project

Business Development

The Newfoundland and Labrador agriculture, agri-foods and agri-products industry will be able to address various business related challenges to pursue and capitalize on new opportunities and maintain access to existing markets. **Please consult the Program Guide, pages 17-21 for information relevant to your Agriculture Business Program Application.**

Indicate the activity for which you are applying for funding.

<input type="checkbox"/>	Business Plan	<input type="checkbox"/>	Feasibility Study
<input type="checkbox"/>	Sector Strategy	<input type="checkbox"/>	Industry Strategic Plan
<input type="checkbox"/>	Farm Financial Assessment and Analysis	<input type="checkbox"/>	Succession Plan
<input type="checkbox"/>	Cost of Production Study and Analysis	<input type="checkbox"/>	Other: (specify)
<input type="checkbox"/>	Strategic Plan for Individuals	<input type="checkbox"/>	Other (specify):

Business Plans (Appendix 1 of Canadian Agricultural Partnership Program Guide), Succession Plans (Appendix 2 of Canadian Agricultural Partnership Program Guide) and Farm Financial Assessments (Appendix 3 of Canadian Agricultural Partnership Program Guide) must meet minimum requirements as established by the Canadian Agricultural Partnership Program in Newfoundland and Labrador. Please refer to page 18 in the Program Guide for reimbursement limits.

Name of consultant(s) preparing your study/plan: _____

Is the consultant a member of a recognized professional organization?

- Yes No

If yes, Please identify the organization(s).

A resume, curriculum vitae, or firm profile of your consultant(s) must be attached to application.

Please provide the details of your project including challenges, issues and/or opportunities addressed.

Please provide details of your managerial ability and agriculture or business experience.

Please comment on the benefit the project will have on your operation and the Newfoundland and Labrador agriculture, agri-foods and agri-products sector. If the applicant is a not-for-profit organization, legislated entity, Indigenous group or regional economic development group, do you have agriculture industry support for the project? Please explain.

Estimated Project Start Time:	Estimated Project Completion Time:	Location of Project

Knowledge Transfer and Skills Development

Knowledge transfer and skills development will enhance the sector's ability to respond to risks, enhance resiliency, and increase the competitiveness, productivity and profitability of the sector. **Please consult the Program Guide, pages 17-21 for information relevant to your Agriculture Business Program Application.**

Indicate the name of the event, and attach a copy of agenda, itinerary and/or information package including a list of speakers/exhibitors.

Dates the proposed training will occur:

Location of proposed training:

Please indicate who will be participating in the training event:

Indicate Proposed Participant(s):	Indicate if Proposed Participant is the owner, employee or other (specify)
1.	
2.	
3.	

Please provide the details of your project including challenges, issues and/or opportunities addressed by the project.

Please provide details on your managerial ability and agriculture or business experience.

Please comment on the benefit the project will have on your operation and the Newfoundland and Labrador agriculture, agri-foods and agri-products sector. If the applicant is a not-for-profit organization, legislated entity, Indigenous group or regional economic development group, do you have agriculture industry support for the project? Please explain.

To **host an event**, please attach a proposal with an agenda/information package, list of exhibitors, speakers with biographies, location of the event, proposed budget with quotes and identify the target audience. Also include challenges, issues and/or opportunities addressed by the project; project activities and milestones; comments on the managerial ability and human resources and skills required to successfully complete the project; industry benefits of the project; and industry support.

Itemize estimated costs as they apply to your project (excluding HST).

Travel Costs (meals, mileage and incidentals are paid at Provincial Treasury Board rates)		Costs
Airfare		
Accommodations		
Meals		
Ground Transportation:	Car Rental	
	Fuel for Rental	
	Mileage (for use of personal vehicle)	
	Taxi Fares	
	Ferry/Bridge/Highway Tolls	
Audio/Video Equipment Rental		Costs
Registration Costs		Costs
Speaker Costs		Costs
Consultant Fees and Professional Services		Costs
Infrastructure		Costs
Building/Infrastructure (include quotes, materials list, site maps, floor plans, etc.)		
Equipment (include quotes and equipment specifications)		
Salary/labour (type of position, i.e. carpenters, electrician, etc.)		
Equipment rental		
Freight		

Other Funding Source*	Amount	Approved	
		Yes	No

Project Funding Details	
Total Project Costs (A)	
Canadian Agricultural Partnership Funding Request (B)	
Other Funding Sources (A-B) <small>Please identify in the table at the left</small>	

*Itemize all other project funding sources (i.e.: Self, ACOA, TCII, etc.) as they apply to your project (do not include Canadian Agricultural Partnership funding request).

DECLARATION

Any payments made by the Department are subject to the right of Government, under the *Financial Administration Act*, to set off any amounts owing to it by the applicant. The purpose of this application is to assess the applicant's eligibility for funding under the Canadian Agricultural Partnership in Newfoundland and Labrador. Information provided on this application may be used for other analysis within the Department of Fisheries and Land Resources. The information provided in this application is subject to the *Access to Information and Protection of Privacy Act* of the Government of Newfoundland and Labrador. For further information on privacy issues under the Canadian Agricultural Partnership in Newfoundland and Labrador, please contact (709) 637-2077.

- I certify that the information provided in this document, its related application and any other supporting information, is accurate and complete.
- I understand an assessment of this project will not commence until the application and all required documentation is deemed complete by the program administration staff.
- I certify that I am a Canadian citizen or have Permanent Canadian Resident Status, and that I am 19 years of age or older.

Applicant Signature	Position	Date
Co-Applicant Signature	Position	Date
Co-Applicant Signature	Position	Date

To complete your application, please attach your most recent financial information as appropriate: Upon request, applicants may be required to provide Canada Revenue Agency Notice of Assessment.

Sole Proprietorship:

- Statement of Farming Activities (T2042) - *for non-AgriStability/AgriInvest participants.*
- Statement A – AgriStability and AgriInvest Programs Information and Statement of Farming Activities for Individuals (T1163 or T1273) - *for AgriStability and AgriInvest participants.*
- Statement B – AgriStability and AgriInvest Programs Information and Statement of Farming Activities for Additional Farming Operations (T1164 or T1274) - *for AgriStability and AgriInvest participants.*

Partnership (required for all partners):

- Statement of Farming Activities (T2042), including Notice of Assessment- *for non-AgriStability/AgriInvest participants.*
- Statement A – AgriStability and AgriInvest Programs Information and Statement of Farming Activities for Individuals (T1163 or T1273) - *for AgriStability and AgriInvest participants.*
- Statement B – AgriStability and AgriInvest Programs Information and Statement of Farming Activities for Additional Farming Operations (T1164 or T1274) - *for AgriStability and AgriInvest participants.*

Incorporated Entities/Other:

- Financial Statements prepared by a licensed public accountant for your most recent complete year are required. If internally prepared statements are submitted, they must be supported by the Corporate Income Tax Form, T2, including the General Index of Financial Information (GIFI) or applicable AgriInvest/AgriStability Program Information forms.

Additional information may be required to determine the viability of any project application.