

## PART 1: ENROLMENT

Langue de correspondance préférée : Français

First Name	Last Name	Phone	Email Address
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**Legal Name of Business/Organization** (Complete name business is registered under)

Address (Line 1)	City	
Address (Line 2)	Province	Postal Code

### Ownership Structure

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Registered Professional Partnership	<input type="checkbox"/> Incorporated Business
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Community or other Not-for-profit	<input type="checkbox"/> Broader Public Sector

### Primary Commodity

Specify your primary commodity if it is not Apiculture: \_\_\_\_\_

### Farm Business Registration Number (FBRN)

A Farm Business Registration Number (FBRN) for a qualifying farm business can be received by registering with the OFA, CFFO or NFU-O. This is a five (5) to seven (7) digit number. Farm businesses that earn a gross farm income of \$7,000 or more (for income tax purposes) are required by legislation to register their business.

If you do not have a FBRN, but qualify for an exemption, please select the option below. Further documentation may be required to verify your exemption status.

Religious exemption  
 Cultural exemption

For EMAP-PD-A and AHAP-PD-A only, if you are not required to have a Farm Business Registration Number (FBRN) according to the Farm Registration and Farm Organizations Funding Act, and you are a registered beekeeper under the Bees Act.

# PART 2: APPLICATION FORM

**Program Year:** 2019-2020

PRODUCERS - Honey Bee Health Management (AHAP-PD-A)

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## Cost Information

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Eligible Costs (attach additional pages if necessary)

Cost Item Description (include all goods and services, equipment rentals)	Date Cost to be Incurred (YYYY/MM/DD)	Estimated Amount (\$ CAD)
TOTAL COST		

## Declaration, Acknowledgements, Consent and Signature

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In order to apply, you must agree to be bound by the Terms and Conditions of Canadian Agricultural Partnership (“the Partnership”) Cost-share Funding for Producers.

The applicant must be a legal entity that is eligible under the Partnership Cost-share Funding for Producers. The individual who signs the application form must be a person who is authorized by the applicant to sign the form on behalf of the applicant and to bind the applicant to the contents therein. This person is referred to as “you” below.

### You must certify on the application that:

- You have read, understand, and agree to abide by all requirements of the Partnership Cost-share Funding for Producers. This Guide sets out the Terms and Conditions for the Partnership Cost-share Funding for Producers, and the Project Category Descriptions.
- All information submitted on the application is true and complete, to the best of your knowledge, belief and understanding.
- All sources of funding for the proposed project, other than your own, have been disclosed in this application, including sources and amounts from federal, provincial and municipal governments, and such funds do not, and will, not exceed 100 per cent of total project costs.
- You do not currently owe any money to Ontario, or you have attached a description of the applicant’s debt to Ontario to this application.
- You are not, nor is any officer, director or employee of the applicant (if any) a current or former federal public office holder or federal public servant, or, if you, or any officer, director or employee of the applicant (if any) are a current or former federal public officer holder or federal public servant, you or that officer, director or employee of the applicant (if any) are in compliance with the **Conflict of Interest Act**, the **Conflict of Interest Code for Members of the House of Commons**, the **Values and Ethics Code for the Public Sector and the Policy on Conflict of Interest and Post-employment**, as applicable.
- You are not, nor is any officer, director or employee of the applicant (if any), a member of the House of Commons or of the Senate, or if you, or any officer, director or employee of the applicant (if any) are, you or the officer, director or employee of the applicant (if any) are permitted under the **Parliament of Canada Act** to receive funding from Canada under the Partnership.

### You must further certify on the Application, that the applicant:

- Shall retain all records relating to any payments made to the applicant under the Partnership, including all invoices and proof of payment for at least seven (7) years from the date on which payment was received by the applicant.
- Shall consent to Ontario, Ontario’s program administrator (if any) or Canada publishing information about the project/activities funded including the amount of funding the applicant has been approved to receive and/or has received under the Partnership, the nature and results of any project/ activities funded, along with the applicant’s name.

### You must further acknowledge and accept that:

- The Partnership is a discretionary, non-entitlement program and that you are not entitled to funding merely as a consequence of having submitted an application. Payment is subject to Ontario receiving all the necessary appropriations from the Ontario Legislature, Ontario receiving all the necessary monies from Canada, eligible activities criteria, eligible expenses criteria, ineligible activities criteria, ineligible expenses criteria, and priorities and target audiences, as well as the applicant’s compliance with all terms and conditions of the Partnership.
- If it is determined that the applicant has received a payment the applicant was not eligible to receive, through administrative error or otherwise, the applicant will repay any and all payments that the applicant was not eligible to receive as well as any surplus funding.
- Any payments made to the applicant may be subject to recovery or offset against the applicant’s pre-existing debts to the Crown in Right of Ontario or Canada.
- Ontario, Ontario’s program administrator (if any) or Canada, including, their respective Ministers, directors, officers, agents, employees or representatives (as applicable) shall not be liable for any damage or loss whatsoever, or howsoever arising, including damage or loss arising from any advice, opinions, representations, warranties or the provision of information under the Partnership.
- The information provided for the Partnership may be disclosed by Ontario or Ontario’s program administrator (if any) on behalf of Ontario to verify compliance with other provincial and federal funding initiatives administered by Ontario or another program administrator on behalf of Ontario or by Ontario in order to confirm the information provided, to verify eligibility and to ensure there is no duplication of funding.
- The information provided for the Partnership may be subject to disclosure under the **Freedom of Information and Protection of Privacy Act** (Ontario), the **Access to Information Act** (Canada) or **Privacy Act** (Canada).

**You consent to the following on behalf of the applicant:**

- To provide accurate, timely and full information, including supporting documentation, to Ontario or Ontario's program administrator (if any) and will notify Ontario or Ontario's program administrator (if any) immediately in the event that there are any changes to information provided.
- To provide Canada, Ontario and Ontario's program administrator (if any), as well as their authorized representatives, with any information or access to a person, place or thing within ten (10) business days of any request, field verification or audit.
- To comply with onsite field inspections and/or audits by Ontario or Ontario program administrator (if any) upon notice, and during normal business hours, to verify eligibility, and to evaluate compliance with the requirements of the Partnership.
- To comply with reviews by Ontario of information related to other programs and initiatives delivered by, or for, Ontario in which the applicant is enrolled or has applied.
- The use of the applicant's name and contact information by Ontario, Ontario's program administrator (if any) and/or Canada to contact the applicant for the purpose of evaluating the effectiveness and efficiency of the Partnership programming, or for any other similar purpose.

In the event of a conflict between anything set out in Guidebooks, Guidelines and the Minister's Order, the Minister's Order will prevail.

Errors and Omissions Excepted.

**NOTICE OF COLLECTION OF PERSONAL INFORMATION:** Ontario may collect the Social Insurance Number (SIN) of a Partnership funding recipient where that recipient is a sole proprietor or an unincorporated entity, in order to meet its obligations under the Income Tax Act (Canada), and for the purposes of auditing and collection of over-payments. If you have any questions or concerns regarding the collection of this information, please contact the Administrative Services Representative, Rural Programs Branch, Ontario Ministry of Agriculture, Food and Rural Affairs, at 1 Stone Rd. W, Guelph ON N1G 4Y2, phone: 519-826-6616.

**BY SIGNING BELOW, I AGREE TO BE BOUND BY THE TERMS AND CONDITIONS OF THE CANADIAN AGRICULTURAL PARTNERSHIP, AS SET OUT IN THE PROGRAM GUIDE THAT THIS FORM ACCOMPANIES, AND IS AUTHORIZED TO SIGN ON BEHALF OF THE APPLICANT AS WELL AS BIND THE APPLICANT TO THE ABOVE.**

I have signing authority for this business

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Print Name

Signature

Date (YYYY/MM/DD)

Submit your form:

By email:

[cap@ontariosoilcrop.org](mailto:cap@ontariosoilcrop.org)

By post:

Ontario Soil and Crop Improvement Association  
1 Stone Road West, Guelph, ON N1G 4Y2

