

## PART 1: ENROLMENT

Complete your enrolment online at [ontarioprograms.net](http://ontarioprograms.net)

If you are unable to apply online (preferred method), please fill out the enrolment form clearly.

Langue de correspondance préférée : Français

First Name

Last Name

Operating Name of Business/Organization (This is the name under which the business operates)

Legal Name of Business/Organization (Complete name business is registered under)

Same as above or:

Business Email Address

Primary Phone

Address (Line 1)

City

Address (Line 2)

Province

**ONTARIO**

Postal Code

Gross Business Revenue

Under \$10,000	\$10,000 - \$24,999	\$25,000 - \$49,999	\$50,000 - \$99,999	\$100,000 - \$249,999
\$250,000 - \$499,999	\$500,000 - \$999,999	\$1M - \$1.99M	\$2M - \$4.99M	\$5M - \$9.99M
\$10M - \$49.9M	\$50M - \$99.9M	\$100M - \$199M	\$200M and over	

Authorized Signing Authorities

I/We have signing authority for this business

First signing  
authority

First Name

Last Name

Second signing  
authority

First Name

Last Name

Indigenous Partners/Community

Yes No

**Ownership Structure**    Sole Proprietorship    Registered Professional Partnership    Incorporated Business    Cooperative  
 Community or other Not-for-profit    Broader Public Sector

Yes

My business/organization is certified organic:

In transition towards organic

No

**PRIMARY COMMODITY - Identify with an 'A'**  
 Commodity contributes to the majority of gross income

**SECONDARY COMMODITY - Identify with a 'B'**  
 Commodity contributes to at least 25% of gross income (if applicable)

Crop Production	Animal Production	Food and Beverage Processing	Wholesale and Retail Sales
Oilseed and Grain (1111)	Beef Cattle including feedlots (11211)	Animal Food Manufacturing (31111)	Farm Product Wholesaler-Distributors (4111)
Vegetable and Melon Farming (1112)	Dairy Cattle and Milk Production (11212)	Grain and Oilseed Milling (3112)	Food, beverage and tobacco merchant wholesaler (413)
Fruit and Tree Nut Farming (1113)	Hog and Pig Farming (11221)	Sugar and Confectionary Product Manufacturing (3113)	Machinery, equipment and supplies merchant wholesaler (417)
Food Crops Grown Under Cover (11141)	Poultry and Egg Production (1123)	Bakeries and Tortilla Manufacturing (3118)	Food and beverage stores (445)
Nursery and Floriculture Production (11142)	Sheep Farming (11241)	Fruit and Vegetable Preserving and Specialty Food (3114)	<b>Other</b>
Maple Syrup and Products Production (11194)	Goat Farming (11242)	Dairy Product Manufacturing (3115)	Support Activities for Crop Production (115110)
Other Crop Farming (1119) (e.g. sugar beets, hay, herbs, spices, mint, hops)	Aquaculture CAN (112510)	Meat processing and Meat Product Manufacturing (3116)	Support Activities for Animal Production (115210)
<b>General Manufacturing</b>	Apiculture (112910)	Soft Drinks and Ice Manufacturing (312110)	Veterinary Services (541940)
Tobacco Manufacturing (3122) (Note cigarette manufacturing is not eligible under CAP)	Horse and Other Equine Production (112920)	Breweries (312120)	Electric Power Generation (221119)
Fibre, yarn and thread mills (3131)	All other Animal Production (including deer, elk and llama) (1129)	Wineries including alcoholic cider (31213)	Water supply and irrigation (22131)
Fabric mills (3132)	<b>Chemical Manufacturing</b>	Distilleries (31214)	Rail transportation (482)
Converted paper product manufacturing (3222)	Other basic organic chemicals manufacturing (325190)	Seafood Product Preparation and Packaging (3117)	Truck transportation (484)
Agricultural, construction and mining machinery manufacturing (3331)	Pharmaceutical and medicine manufacturing (3254)	Snack Food Manufacturing (31191)	Warehousing and storage (493)
	Resin, synthetic rubber, and artificial and synthetic fibres and filaments (3252)	Coffee and Tea Manufacturing (31192)	Professional, Scientific and Technical Services (9541)
	Pesticide, fertilizer and other agricultural chemicals manufacturing (3253)	Flavouring Syrup and Concentrate Manufacturing (311930)	MULT – Multiple industries
	Paint, coating and adhesives manufacturing (3255)	Seasoning and Dressing Manufacturing (31194)	
	Other chemical manufacturing (3259)	All Other Food Manufacturing (311990)	

**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

I am a new farmer

**Livestock:** Indicate the approximate number of livestock on the business/organization in the past twelve months.

Beef Cattle	Dairy Cattle	Hogs	Poultry	Other Livestock (incl. description)

**Farmland:** Indicate farmland associated with your business/organization that you own, rent or lease.

Acres Owned (Crop or Pasture)	Acres Owned (Non-Crop or Non-Pasture)	Acres Rented/Leased	Number of Acres Irrigated

# PART 2: APPLICATION FORM

Program Year: 2020-2021

PRODUCER - Establishing Facilities to Manage Deadstock (AHIM-PD-F)

For Office Use Only	
Project Category:	
Date Received:	
Op #:	App #:

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## Step 1: Project Location

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Address Line 1	City/Town	Municipality
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Address Line 2	Province <b>ONTARIO</b>	Postal Code
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Conservation Authority

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Premises Identification (PID) Number for the Project Location

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To obtain a valid premises ID or update your premises ID information, please visit [ontarioPID.ca](http://ontarioPID.ca) or call 1-888-247-4999

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## Step 2: Project Summary and Description

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Project Summary (10 words maximum)

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Project Description – describe your current facility and/or system and the proposed change you are making (100 words maximum):

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## Step 3: Work Plan

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List each activity/key milestone necessary to successfully complete the proposed project, in order of estimated completion date. Attach additional sheets if necessary.

Estimated Project Start Date

Estimated Project End Date

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Date (YYYY/MM/DD)

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Date (YYYY/MM/DD)

Activity/Key Milestone	Estimated Completion Date (YYYY/MM/DD)
1.	
2.	
3.	
4.	
5.	

**Step 4: Cost Information**

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)
<b>TOTAL COST</b>		

Eligible In-Kind Costs

(Includes reasonable hours of unpaid labour and/or use of farm business equipment. See the Program Requirements for details)

Description of Activity	Date Cost to be Incurred (YYYY/MM/DD)	Estimated Hours	Hourly Rate	Estimated Amount (Hours x Rate) (\$ CAD)
<b>TOTAL COST</b>				

**Step 5: Other Sources of Funding**

List all other sources of program funding that you expect to receive for the proposed project. DO NOT INCLUDE your own funds (e.g., operating lines, bank loans, credit).

Source of Funding	Amount (\$ CAD)

**Step 6: Project Details for Establishing Facilities to Manage Deadstock (AHIM-PD-F)**

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1. This project supports the following species (check all that apply):

Bees

Beef

Dairy/veal

Equine

Farmed cervid

Goats

Poultry

Sheep

Swine

Alternative livestock (including fox, rabbit, mink, bison), specify: \_\_\_\_\_

Other, specify: \_\_\_\_\_

2. Select the activity/activities you will complete as part of the project (check all that apply):

Purchase or construction of a deadstock management system (e.g., composter, digester, incinerator) and associated runoff management

Construction or modifications to structures or buildings to facilitate the handling, storage, and removal of deadstock, or to securely store deadstock in a manner that prevents access or scavenging by wildlife and vermin

New freezer or cooler systems for the temporary storage of deadstock

3. You must complete and attach a farm-wide assessment against National Biosecurity Standards to apply to this category. Based on your completed assessment, specify the animal health risk(s) that this project addresses (reference the specific gaps identified in your assessment):

4. Explain how the project addresses the animal health risk(s) (i.e., gaps) identified in your assessment:

**Full Name:** \_\_\_\_\_

**FBRN:** \_\_\_\_\_

AHIM-PD-F

5. Who completed your assessment? (Select one)

Self-completed

Qualified third-party, specify (e.g., licensed veterinarian): \_\_\_\_\_

6. What is the number of livestock the facility supported by the project accommodates per annum (e.g., the total number of cows, heifers and calves over a year)? \_\_\_\_\_

7. How often do you have incoming/outgoing traffic at this location/premises? (e.g., feed delivery, veterinarians, visitors, non-farm staff) (Select one)

At least once a week

At least once a month

Less than once a month

8. Which practices are you currently using to address deadstock? (Check all that apply)

Bury (not including composting)

Deadstock collection service

Compost in a designated compost system

Incineration

None of the above

9. The following apply (check all that apply):

Deadstock collection service is not available at my location/premises

Project supports on-farm disposal of sheep

Project supports on-farm disposal of goat

Project supports on-farm disposal of bovine

None of the above

10. Is this the first time this practice will be implemented at this location/premises? (Select one)

Yes

No, this project is to modify or build on existing practices at this location/premises (e.g., modifications to prevent wildlife access or adding an additional composting unit at the same location/premises)

**Full Name:** \_\_\_\_\_ **FBRN:** \_\_\_\_\_

## 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 the applicant’s, 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.
- The applicant does 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 the applicant is not entitled to funding merely as a consequence of submitting an application. Payment is subject to Ontario receiving all the necessary appropriations from the Ontario Legislature, Ontario receiving all the necessary monies from Canada, the applicant and the applicant’s project (and all activities) satisfying eligibility criteria, 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 to the Partnership, with the exception of the Social Insurance Number of recipients of funding who are sole proprietors or unincorporated entities, 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 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.**

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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