

## 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.

**If you have already enrolled in the Canadian Agricultural Partnership and your information has not changed, you may move straight to PART 2: Application**

Langue de correspondance préférée : Français

Salutation	First Name	Initial	Last Name	Job Title
Operating Name of Business/Organization (This is the name under which the business operates)				Primary Phone
Legal Name of Business/Organization (Complete name business is registered under) Same as above or:				Secondary Phone

Business Email Address

Business Mailing Address Address (Line 1)	City	
Address (Line 2)	Province <b>ONTARIO</b>	Postal Code
Business Location Address (Line 1) Same as mailing address	City	
Address (Line 2)	Province <b>ONTARIO</b>	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	Job Title
Second signing authority	_____	_____	_____
	First Name	Last Name	Job Title

### Indigenous Partners/Community

Yes No



Employees	Number
Full-time (30 hours or more/week)	
Part-time (less than 30 hours/week)	
Temporary/Seasonal	

**Summary**

Please take a moment to review the information you have provided and ensure it is accurate.

**Terms and Conditions**

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.

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By checking the box below, I/we declare the information above to be true and correct and I/we agree to abide to all the program rules, procedures and conditions. I/We consent to the release of this information to the Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA), and associated program partners for the purposes of future programming, program promotion and program evaluation.

I/We have read and agree to all the preceding terms and conditions.

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Signing Authority Name	Signing Authority Signature	Date (YYYY/MM/DD)
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Submit your form:      By email:      [agpartnership@ontario.ca](mailto:agpartnership@ontario.ca)  
 By post:                Canadian Agricultural Partnership  
                                  1 Stone Road West, Guelph, ON N1G 4Y2

For Office Use Only		
Received by: _____	Signature: _____	Date (YYYY/MM/DD): _____

# PART 2: APPLICATION FORM

PROCESSOR - Health Management (AHIM-PR-E)

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

## Step 1: Business Contact Information

Salutation	First Name	Initial	Last Name	Job Title
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Legal Name of Business/Organization (Complete name business is registered under)

Business Location	Same as mailing address		
Address (Line 1)	City/Town	Province <b>ONTARIO</b>	
Address (Line 2)	Postal Code		
Primary Phone	Secondary Phone	Email Address	

## Step 2: Project Contact and Location

Check if same as above.

Salutation	First Name	Initial	Last Name	Job Title
Address (Line 1)	City/Town	Province <b>ONTARIO</b>		
Address (Line 2)	Postal Code			
Primary Phone	Secondary Phone	Email Address		

Premises Identification (PID) Number for the Project Location

**O N**

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

Number of Employees at this Business Location

## Step 3: Describe Your Business and Products (50 words maximum)

**Step 4: Project Title** (10 words maximum)

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**Step 5: Project Description**

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Describe what you are doing and why. Provide the challenges, issues and/or opportunities addressed by the project (500 words maximum).

Describe the overall impacts you hope to achieve by completing this project (500 words maximum).

**Step 6: Resources and Skills** (100 words maximum)

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Describe the personnel (including third-party organizations if applicable) and skills you will use to complete this project.

## Step 7: Work Plan and Eligible Costs

List each activity necessary to successfully complete the project. Itemize costs to complete activity or purchases (in Canadian dollars; include quotes, estimates, etc.) Only eligible costs incurred and paid after the approval of the project will be considered. Attach additional sheets if necessary.

Proposed Project Start Date (YYYY/MM/DD): \_\_\_\_\_

Proposed Project End Date (YYYY/MM/DD): \_\_\_\_\_

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

Eligible Costs Only	Jan-Mar 2020	Apr-Jun 2020	Jul-Sep 2020	Oct-Dec 2020	Jan-Mar 2021	Apr-Jun 2021	Jul-Sep 2021	Sub-Total
TOTAL COST								
Line A: Total Eligible Costs (from the above)								
Line B: Per Cent Cost-Share (enter percentage based on project category)								
Line C: Calculate Cost-Share Funding (Line A x Line B)								
Line D: Cost-Share Cap (\$ amount based on project category)								
Line E: Maximum Cost-Share Funding (i.e. reimbursement)(Lesser of Lines C and D)								

**Step 8: Expected Sources of Funding for this Project** (e.g., cash, funding from other sources)

Sources of Funds	Amount of Funds
Partnership Cost-Share Funding Requested	
Applicant's contribution	
Other financing*	
Other provincial or federal funding*	

\*Please provide details (e.g. what kind of financing (lease, loan, etc.), which provincial/federal program)

## Step 9: Project Details for Health Management (AHIM-PR-E)

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

Bees

Bovine, specify: \_\_\_\_\_

Equine

Farmed cervid

Goats

Poultry

Sheep

Swine

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

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

2. Select the activity you will complete as part of the project

Purchase of tools or equipment for animal health and monitoring, such as health management software, scales or metering equipment, and multi-dose injectors

3. 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 within this location/premises (e.g. building anterooms onto an additional barn on the same site).

4. Based on the completed risk/operational assessment, specify the risk(s) that this project addresses:

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



5. Explain how the project addresses the risk(s) identified:

6. Was your assessment? (Select one):

Self-completed

Completed by a qualified third-party, specify (e.g. licensed veterinarian): \_\_\_\_\_

7. 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; number of livestock moving through sales facility over a year)? \_\_\_\_\_

8. How often do you have incoming/outgoing traffic (i.e. movement) at this location/premises? (e.g. feed delivery, veterinarians, visitors, non-farm staff) (Select the most appropriate option):

At least once a week

At least once a month

Less than once a month

9. Is your business an abattoir? (Select one):

Yes – a provincially licensed facility

Yes – a federally licensed facility

No

## 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 Processors.

The applicant must be a legal entity that is eligible under the Partnership Cost-share Funding for Processors. 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 Processors. This Guide sets out the Terms and Conditions for the Partnership Cost-share Funding for Processors, 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.**

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Print Name

Signature

Date (YYYY/MM/DD)

Submit your form:

By email:

[agpartnership@ontario.ca](mailto:agpartnership@ontario.ca)

By post:

Canadian Agricultural Partnership Program  
1 Stone Road West, Guelph, ON N1G 4Y2