

## 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.

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.

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 - Enterprise Resource Planning and Supply Chain Management Systems (EMPT-PR-F)

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 Enterprise Resource Planning and Supply Chain Management Systems (EMPT-PR-F)**

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

Resource management plan implementation that involves evaluation, procurement, development, and/or customization of new Enterprise Resource Planning or supply chain optimization systems

First-time development of reports/dashboards that integrate meaningful metrics and benchmarks related to resource management, supply chain, and productivity performance, including:

Product shipping, distribution, or routing across different transportation modes (e.g. trucking, intermodal, rail, marine)

Border requirement integration

Supply and demand forecasting, management performance reports

Inventory and input management

Order fulfillment benchmarking

Product quality management

First-time implementation of supply chain optimization that improves compatibility and interface with trading partners

Electronic Data Interface (EDI) systems, which may include Advanced Shipping Notices (ASN) for improved customer/supplier interface

Integrating products into national standardized product registry for synchronized data exchange (e.g. national product registry [GS1 Canada ECCnet], automating product attribute communication)

One-time training of key personnel on new project-related systems (e.g. train the trainer)

2. Confirm your application meets the following requirement:

Between 1 and 199 employees are located at the facility that this project supports

What number of employees are located at the facility? \_\_\_\_\_

3. Describe the need for the project according to the Enterprise Resource Planning or supply chain audit or assessment that you have completed:



4. Provide current and projected annual totals for all documented KPIs that will be impacted by this project:

DOCUMENTED BASELINE KPI	CURRENT ANNUAL TOTAL	PROJECTED - ANNUAL TOTAL FOR 12-MONTH PERIOD FOLLOWING PROJECT COMPLETION
<b>Labour (cost)</b> In \$		
<b>Production output</b> In units per: <b>Choices:</b> Hour Day Month Year Other, specify:		
<b>Downtime</b> In hrs per day		
<b>Water use (volume)</b> In m3 (m-cubed)		
<b>Water use (cost)</b> In \$		
<b>Electricity use (volume)</b> In kW		
<b>Electricity use (cost)</b> In \$		
<b>Natural gas Use (volume)</b> In GJ		
<b>Natural gas use (cost)</b> In \$		
<b>Organic waste (volume)</b> In kgs		
<b>Organic waste disposal (cost)</b> In \$		
<b>Organic waste (volume, as % of inputs)</b> As%		
<b>Packaging waste (volume)</b> In kgs		
<b>Packaging waste Disposal (cost)</b> In \$		
<b>Packaging Waste (volume, as % of new packaging volume)</b> As %		

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

DOCUMENTED BASELINE KPI	CURRENT ANNUAL TOTAL	PROJECTED - ANNUAL TOTAL FOR 12-MONTH PERIOD FOLLOWING PROJECT COMPLETION
<b>Ingredient use</b> Indicate unit of measure: <b>Choices:</b> Lbs (pounds) g (grams) kg (kilograms) ml (millilitres) L (litres) metric ton Other, specify:		
<b>Wastewater (volume)</b> In m3 (m-cubed)		
<b>Wastewater disposal (cost)</b> In \$		
<b>Other:</b>  <b>Describe:</b>		

5. Complete the following table to show the business results you are expecting from the project:

BUSINESS IMPACTS	ANTICIPATED IMPROVEMENTS AT PROJECT COMPLETION	PLEASE EXPLAIN AND QUANTIFY (I.E. DOLLAR VALUES, %, VOLUME)
Reduced identified risks	Yes No	
Job creation or retention	Yes No	
Value of increased sales revenue in international markets	Yes No	
Value of increased sales revenue in Canada	Yes No	
Increased profitability	Yes No	
Gain competitive advantage for markets	Yes No	
Technical skills development and improved performance of personnel	Yes No	
Other business impacts:	Yes No	

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

6. What is the total investment that your business will make to implement this project (including but not limited to the eligible costs of this application): \$ \_\_\_\_\_

7. Secondary benefits for assurance systems (check all that apply):

Does your project help incent public trust that you are implementing practices that result in healthy, humanely treated animals and ultimately, safe food?

Does your project help improve animal health and in doing so lower the risk of spread or introduction of disease?

Does your project help your business to improve your food safety and/or traceability program?

Does your project expand or maintain market access for your product(s) by improving your food safety or traceability system?

Describe the benefit(s) you have selected:

8. Secondary benefits for the environment (check all that apply):

Does your project help your business reduce wastes?

Does your project help preserve or improve water quality and or quantity?

Does your project help reduce your business' carbon footprint?

Describe the benefit(s) you have selected:

## 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