

PART 1: ENROLMENT

Complete your enrolment online at 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

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 - Food Safety and Traceability Gap Assessment and Pre-audit (FSAP-PD-A)

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

Step 1: Project Location

Address Line 1 City/Town Municipality

Address Line 2 Province Postal Code
ONTARIO

Conservation Authority

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 or call 1-888-247-4999

Step 2: Project Summary and Description

Project Summary (10 words maximum)

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

Step 3: Work Plan

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

Date (YYYY/MM/DD)

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)
TOTAL COST		

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)
TOTAL COST				

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 Food Safety and Traceability Gap Assessment and Pre-audit (FSAP-PD-A)

1. Which commodities will be impacted by the proposed project? (Check all that apply):

Ready-to-eat lettuce and leafy greens eaten raw (e.g. arugula, spinach, baby salad greens, other mixed lettuces)

Broad-leaf herbs (e.g. basil, cilantro, parsley)

Green onions, tomatoes

Greens which could be eaten raw (e.g. radicchio, dandelion greens, endive, mustard greens)

Rough-skinned berries (e.g. raspberries, strawberries, blackberries)

Dairy (e.g. sheep, water buffalo, mare, etc.)

Seeds for sprouting

Other, specify: _____

2. What activities will you complete as part of this project? (Check all that apply)

Third-party gap assessment or pre-audit to identify opportunities for food safety or traceability improvements

Third-party assessment of equivalency between food safety programs

Third-party advisory costs related to developing an action plan for future implementation of a food safety or traceability system

3. Have you identified qualified individual(s) (e.g. third-party consultants) with the necessary skills required to complete the project?

Yes, specify who and what their qualifications are: _____

No

4. How will you use the information from this project in future business decisions? (Check all that apply)

Assess program gaps toward certification, explain:

Assess areas of food safety risk, explain:

Identify staff needed to address food safety, explain:

Identify equipment needed to address food safety, explain:

Identify facility upgrades needed to address food safety, explain:

Identify training needs to address food safety, explain:

5. Is your farm business currently certified or working towards certification under a nationally or internationally recognized food safety program?

Yes, my farm business is currently certified; specify which program (e.g., Canada GAP, Global G.A.P., FSSC 22000, Safe Quality Food, Canadian Quality Milk, Excel Grains):

No, but we are working towards certification; specify which program (e.g., Canada GAP, Global G.A.P., FSSC 22000, Safe Quality Food, Canadian Quality Milk, Excel Grains):

No, we are not certified or working towards certification under a food safety program

6. Is this project necessary to achieve certification under a food safety program?

Yes, this project is necessary to achieve certification; specify which program (e.g., Canada GAP, Global G.A.P., FSSC 22000, Safe Quality Food, Canadian Quality Milk, Excel Grains):

No, this project is not necessary to achieve certification

Not applicable - my business is already certified under a food safety program

7. Have you conducted a mock recall for the commodities impacted by your project?

Yes

No

8. What is your current recall capability? (Select one)

100% of the product can be recalled

Only a portion of the product can be recalled (less than 100%)

We currently have no recall capabilities and/or have not conducted a mock recall

9. What channel(s) are used to market the commodities impacted by the proposed project? (Check all that apply)

Direct to consumer sales (e.g., roadside stand, farm store, CSA, online sales, U-pick, food hub, farmers' market), specify: _____

Other farm business

Direct to retailer or food service

Marketing board

Contracting with a processor, distributor or broker

Other: _____

Full Name: _____ **FBRN:** _____

Declaration, Acknowledgements, Consent and Signature

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.

Print Name

Signature

Date (YYYY/MM/DD)

Submit your form:

By email:

cap@ontariosoilcrop.org

By post:

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