

## 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**

Oilseed and Grain (1111)  
 Vegetable and Melon Farming (1112)  
 Fruit and Tree Nut Farming (1113)  
 Food Crops Grown Under Cover (11141)  
 Nursery and Floriculture Production (11142)  
 Maple Syrup and Products Production (111994)  
 Other Crop Farming (1119) (e.g. sugar beets, hay, herbs, spices, mint, hops)

**General Manufacturing**

Tobacco Manufacturing (3122) (Note cigarette manufacturing is not eligible under CAP)  
 Fibre, yarn and thread mills (3131)  
 Fabric mills (3132)  
 Converted paper product manufacturing (3222)  
 Agricultural, construction and mining machinery manufacturing (3331)

**Animal Production**

Beef Cattle including feedlots (11211)  
 Dairy Cattle and Milk Production (11212)  
 Hog and Pig Farming (11221)  
 Poultry and Egg Production (1123)  
 Sheep Farming (11241)  
 Goat Farming (112420)  
 Aquaculture CAN (112510)  
 Apiculture (112910)  
 Fur-Bearing Animal and Rabbit Production (112930)  
 Horse and Other Equine Production (112920)  
 All other Animal Production (including deer, elk and llama) (1129)

**Chemical Manufacturing**

Other basic organic chemicals manufacturing (325190)  
 Pharmaceutical and medicine manufacturing (3254)  
 Resin, synthetic rubber, and artificial and synthetic fibres and filaments (3252)  
 Pesticide, fertilizer and other agricultural chemicals manufacturing (3253)  
 Paint, coating and adhesives manufacturing (3255)  
 Other chemical manufacturing (3259)

**Food and Beverage Processing**

Animal Food Manufacturing (31111)  
 Grain and Oilseed Milling (3112)  
 Sugar and Confectionary Product Manufacturing (3113)  
 Bakeries and Tortilla Manufacturing (3118)  
 Fruit and Vegetable Preserving and Specialty Food (3114)  
 Dairy Product Manufacturing (3115)  
 Meat processing and Meat Product Manufacturing (3116)  
 Soft Drinks and Ice Manufacturing (312110)  
 Breweries (312120)  
 Wineries including alcoholic cider (31213)  
 Distilleries (31214)  
 Seafood Product Preparation and Packaging (3117)  
 Snack Food Manufacturing (31191)  
 Coffee and Tea Manufacturing (31192)  
 Flavouring Syrup and Concentrate Manufacturing (311930)  
 Seasoning and Dressing Manufacturing (31194)  
 All Other Food Manufacturing (311990)

**Wholesale and Retail Sales**

Farm Product Wholesaler-Distributors (4111)  
 Food, beverage and tobacco merchant wholesaler (413)  
 Machinery, equipment and supplies merchant wholesaler (417)  
 Food and beverage stores (445)

**Other**

Support Activities for Crop Production (115110)  
 Support Activities for Animal Production (115210)  
 Veterinary Services (541940)  
 Electric Power Generation (221119)  
 Water supply and irrigation (22131)  
 Rail transportation (482)  
 Truck transportation (484)  
 Warehousing and storage (493)  
 Professional, Scientific and Technical Services (9541)  
 MULT – Multiple industries

**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 - Preventing Access by Wildlife, Pests, and Rodents (PHIM-PD-F)

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](http://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)
<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 Preventing Access by Wildlife, Pests and Rodents (PHIM-PD-F)**

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1. What commodities are supported by this project? (Check all that apply)

Field Crops, specify number of acres: \_\_\_\_\_

Greenhouse, specify number of m<sup>2</sup>: \_\_\_\_\_

Nurseries and other propagation facilities, specify number of m<sup>2</sup>: \_\_\_\_\_

Other, specify commodity type and amount (i.e., acres): \_\_\_\_\_

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

Install screening on production facilities

Install pest control devices or deterrents

Establish a pest management program, including establishment of training materials

3. Will this project impact a high-risk commodity or threat of a high-risk pest? (Check all that apply)

High-risk commodity (e.g. propagation material); specify commodity type: \_\_\_\_\_

Threat of a high-risk pest (e.g. emerging pest; pest with few controls); specify type of pest:  
\_\_\_\_\_

None of the above

4. Based on the completed biosecurity assessment, what risk(s) does this project address? (Check all that apply)

Insects, specify: \_\_\_\_\_

Nematodes, specify: \_\_\_\_\_

Weeds, specify: \_\_\_\_\_

Bacteria, specify: \_\_\_\_\_

Fungi, specify: \_\_\_\_\_

Viruses, specify: \_\_\_\_\_

Molluscs, specify: \_\_\_\_\_

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

5. How does the proposed project address the risk(s) identified? (Check all that apply)

Access/facility management (e.g., flow of plants, people, equipment), explain:

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Operational management, explain:

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Sanitation/disinfection, explain:

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Quarantine/isolation of material, explain:

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6. Who completed your biosecurity risk assessment? (Select one)

Self-completed

Completed and signed by a certified crop advisor

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

8. In completing the assessment, what level of priority did your certified crop advisor give the proposed project? (Select one)

High

Medium

Low

Assessment was not completed by a certified crop advisor

Actions were not prioritized

9. Is the proposed project part of an integrated pest management plan?

Yes

No

Not applicable, specify why: \_\_\_\_\_

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

10. Have wildlife, pests or rodents been identified in your facilities, equipment or crop?

Yes, explain: \_\_\_\_\_

No

11. Will the applicable repairs sufficiently protect against wildlife, pests or rodents without additional upgrades?

Yes

No

12. Is this the first time this practice will be implemented at this location/premises? (Select one option that best describes your proposed project)

The proposed project will be the first time this practice has been implemented at this premise (e.g., no buildings at this location have anterooms)

The proposed project will be the first time this practice has been implemented at this facility (e.g., this building has no anteroom)

The project will expand upon a current practice (e.g., the building has an anteroom, but you are improving it or adding a second anteroom to the same building).

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

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



## Step 7: Request for Innovation Funding

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This section is only for applicants who are applying for a project that presents a significant innovation to their sector or Ontario. Innovation funding is available for specific project categories, where identified in the Project Category details found at [ontarioprogramguides.net](http://ontarioprogramguides.net). Innovation funding is available at an increased cost-share level (of up to 50 per cent) for projects that meet the Innovative criteria. See [ontarioprogramguides.net](http://ontarioprogramguides.net) for more information.

To be considered for innovation funding, confirm the following and answer all questions:

This project meets the criteria for innovation funding outlined Project Category details at [ontarioprogramguides.net](http://ontarioprogramguides.net)

How is your project innovative?

What are the benefits of your project to the sector?

Describe the level of risk associated with your project?

How will sharing knowledge about this innovation help the sector and/or value chain?

How will this project drive competitiveness within the sector?

## 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