## Sustainable Canadian Agricultural Partnership

Competitive. Innovative. Resilient.

# **Agriculture Marketing Program Application**

**Newfoundland and Labrador** 







### All applications and supporting documentation must be submitted to:

Attn: Sustainable Canadian Agricultural Partnership
Department of Fisheries, Forestry and Agriculture
Agriculture Business Development Division
P.O. Box 2006

Corner Brook, NL A2H 6J8

Email: SCAP@gov.nl.ca

This application is subject to change from time to time without notice. Consult our website at www.gov.nl.ca/ffa for the most up-to-date information or contact us by phone at 709-637-2378 or by email at SCAP@gov.nl.ca.

Legal Name of Applicant		Contact Name		CRA Business Number (Mandatory)	
Agri-Business/Farm Name (if applicable)  Mailing Address		Agri-Business/Farm Location(s) □ Same as Mailing Address		<ul><li> □ New Entrant</li><li> Years operating:</li><li> □ Business Plan attached</li></ul>	
				☐ Business Plan on file	
				Refer to	Sustainable CAP
		Provincial Electoral District		Program Guide for	
		of Farm	า		on on New
				Entrant requirements	
E-mail		Phone	Number	Cell Num	ber
☐ I/we permit the sharing	of my/our addre	ss and e	mail address with the	Newfound	lland and
Labrador Federation of A	<u> </u>		<u> </u>		
	Please indicate	your ag	ri-business type bel	ow	
□ Sole Proprietorship	□ Legislative Bo	ody	☐ Industry Association	n 🗆 Oth	er (Specify)
□ Partnership – Provide ı	names, addresse	s and pe	ercentage of ownershi	ip	
Name	•		-		%
Address					•
Name					%
Address					
Name					%
Address					
□ Corporation					
Please complete name, a	address and perc	entage o	of ownership for each	sharehold	
Name					%
Address					T
					%
Address					
Name %					
Address					
Provide the names and addresses of any business entities in which sole proprietors / partners / shareholders / spouses have ownership					
Name - Company Name -					
Address					
Name -			Company Name -		
Address					
Name -		Company Name -			
Address					
Notes:					
□ Cooperative – provide names of cooperative members below:					

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How many years have you been farming/operating your agri-business?   Not applicable					
Premise Identification Program Number	□ Not applicable				
Date of Environmental Farm Plan (EFP) Update/C	completion DD / MM / YYYYY □ Not applicable				
Are you, any shareholders, or spouses a current or former federal/provincial public office holder, or federal/provincial public servant?   No Yes If Yes, refer to the Sustainable Canadian Agricultural Partnership Program Guide for Conflict of Interest Guidelines.					
Are you or any of your partners / shareholders in arrears with the Government of Newfoundland and Labrador?  □ No □ Yes - include details with application	Have you or any of your partners / shareholders had a loan or other debt written off by the Government of Newfoundland and Labrador within the last 6 years?  □ No □ Yes - include details with application				
Are you at least 19 years of age? □ No □ Yes	Are you (the applicant) capable of entering into a contractual agreement with the Minister of Fisheries, Forestry and Agriculture?  □ No - include details with application □ Yes				
Is your farm/agri-business/company/organization the following groups? Select all that apply. (Please and will not influence the decision regarding the p	e note this information is for data collection only roject)				
Indigenous person/peoples (Select all that	□ Woman/Women				
apply) □ First Nation(s)	□ Youth (Age 19-40)				
□ Inuk/Inuit	□ Not Applicable¹				
□Métis	□ Decline to Identify				
☐ Unknown/unsure	•				
<sup>1</sup> Not applicable: A person that does not identify as Youth, V to identify.	vomen and/or indigenous Peoples, nowever, does choose				
Provide a description of your farm, agri-busines business or organization history, commodities pro annual gross business revenue and any future de	duced, secondary processing activities, average				

If you are a livesto livestock/poultry a		tor, ide	ntify the prov	/incia	l/federal facı	lity wher	re the	
Please indicate th	e approximate n	umber	of livestock/p	oultr	y on farm in	the past	twelve months.	
Dairy	Poult	ry	Beef		Shee	р	Other:	
Milking	Broilers		Breeders		Breeders			
Dry	Layers		Market		Market			
Replacements	Pullets		Other		Other			
	Turkeys							
Complete the tabl	e below to indica	ite land	use informa	tion f	or the most r	ecent p	roduction year.	
Type of Crop			Greenhouse (ft <sup>2</sup> or m		ce	Acreage in crop		
_								
	_			•		•		

Market Access/Development					
The objective of the Agriculture Marketing Program is to support the expansion of both domestic and international market development opportunities and to meet the evolving challenges of the marketplace. Please consult the Sustainable CAP Program Guide pages 28-30 for information relevant to this application.					
Provide details of the proposed activities for which you are requesting funding:					
Planning or implementation of marketing activities					
Physical infrastructure (i.e. on-farm markets and signage) and/or equipment					
Planning and development of e-commerce platforms					
Industry or government-led marketing campaigns					
benefit <sup>2</sup> from the project's activities. Select all a collection only and will not influence the					
□ Woman/Women					
☐ Youth (Age 19-40)					
□ Not Applicable³					
☐ Decline to Identify					
Unknown/unsure <sup>2</sup> Direct benefit: Includes those who are expected to receive direct benefits from the project activities. For example, those who receive training or a service, or those who attend a workshop or event. It would not include the funding recipients themselves. <sup>3</sup> Not applicable: A person that does not identify as Youth, Women and/or Indigenous Peoples, however, does choose to identify.					
ic or international markets (please identify the					
Lho taking place (municipality or local service					
Please indicate the <b>location</b> where the project will be taking place (municipality or local service district):					
<b>Project Description:</b> Please provide a description of the proposed project, including information about the activity/activities selected above. Describe how the project will improve your farm, agribusiness or organization and how it will meet the objectives of the program to enhance domestic and/or international market capacity of the agriculture, agri-foods, and agri-products sector.					

Itemize estimated costs as they apply to your project (excluding HST).

Co	sts
Building/Infrastructure (include quotes, materials list, site maps, floor plans, etc.)	
Equipment (include quotes and equipment specifications)	
Salary/labour (type of position, i.e. carpenters, electrician, etc.)	
Equipment rental	
Freight	
Audio/Video Equipment Rental	
Registration Costs	
Speaker Costs	
Consultant Fees and Professional Services	
Travel Costs (meals and mileage are paid at Provincial Treasury Board rates	
or at the discretion of the Implementation Committee) for Consultant Fees and Professional Services	

Other Funding	Amount	Approved		
Sources*		Yes	No	

Project Funding Details				
Total Project Costs (A)				
Sustainable Canadian Agricultural Partnership Funding Request (B)				
Other Funding Sources (A-B) Please identify in the table at the left				

<sup>\*</sup>Itemize all Other Funding Sources (i.e.: Self, ACOA, FCC, chartered bank, etc.) as they apply to the project (do not include Sustainable Canadian Agricultural Partnership funding request).

#### **DECLARATION**

Any payments made by the Department are subject to the right of Government, under the Financial Administration Act, to set off any amounts owing to it by the applicant. Under the authority of section 61(c) of the Access to Information and Protection of Privacy Act, 2015, personal information will be collected for the purpose of assessing the applicant's eligibility for funding under the Sustainable Canadian Agricultural Partnership in Newfoundland and Labrador. Information provided on this application may be used for other analysis within the Department of Fisheries, Forestry and Agriculture. Information provided may be shared with third parties for the purpose of project assessment, program audit and/or evaluation. For further information on privacy issues under the Sustainable Canadian Agricultural Partnership in Newfoundland and Labrador, please contact (709) 637-2378.

I certify that the information provided in this document, its related application and any other supporting information, is accurate and complete.					
I certify that I am a Canadian citizen or have Permanent Canadian Resident Status, and that I am 19 years of age or older.					
 Applicant Signature	Position	Date			
 Co-Applicant Signature	Position	Date			
 Co-Applicant Signature	Position	 Date			

To complete your application, please attach your most recent financial information as appropriate: Upon request, applicants may be required to provide Canada Revenue Agency Notice of Assessment.

#### Sole Proprietorship or Partnership (required for all partners):

- Statement of Farming Activities (T2042) for non-AgriStability/AgriInvest participants.
- Statement A AgriStability and AgriInvest Programs Information and Statement of Farming Activities for Individuals (T1163 or T1273) for AgriStability and AgriInvest participants.
- Statement B AgriStability and AgriInvest Programs Information and Statement of Farming Activities for Additional Farming Operations (T1164 or T1274) - for AgriStability and AgriInvest participants.

#### **Incorporated Entities/Other:**

• Financial Statements prepared by a licensed public accountant for your most recent complete year are required. If internally prepared statements are submitted, they must be supported by the Corporate Income Tax Form, T2, including the General Index of Financial Information (GIFI) or applicable AgriInvest/AgriStability Program Information forms.

Additional financial information/information to determine the viability of any project application may be required.