

APPLICATION FORM
Assurance Systems Program
On-Farm Assurance Sub-Program – Beef 2021/22

Project/Client # (Office Use Only):

1. Applicant Information			
Full Name (including middle name):			
Organization Name:			
Mailing Address:			Organization's Twitter Handle (if applicable)
Village/Town/City		Province	Postal Code
Telephone No.	Cellular No.	Fax No.	E-mail Address
Preferred method of communication:			
<input type="checkbox"/> Telephone <input type="checkbox"/> Cellular phone <input type="checkbox"/> SMS Text Message <input type="checkbox"/> Email <input type="checkbox"/> Other (please specify)			
1.1 Type of Business or Organization.			
Choose one and complete the required information:			
<input type="checkbox"/> Individual Proprietorship (if you file to Canada Revenue Agency as an individual) Social Insurance Number: _____			
<input type="checkbox"/> Incorporated Company (if you file to Canada Revenue Agency as a corporation) <i>(This number can be found on your tax forms and is required under the authority of the Income Tax Act)</i> Revenue Canada Business Number: _____			
<input type="checkbox"/> Partnership (if you file to Canada Revenue Agency as a partnership.) <i>Please include Revenue Canada Business Number</i> Revenue Canada Business Number: _____			
<input type="checkbox"/> Registered Charitable Organization / Not-for-Profit <i>Please include the charity registration number</i> Registration number: _____			
<input type="checkbox"/> Other (please identify): _____ Number: _____			

1.2 Partnerships.
 If you indicated "Partnership" as your type of business in Section 1.2, please list the partner name(s) and their ownership per cent in the table below.

Name of all partners (for partnerships)	Per cent of ownership
Total (must total 100%)	

2.0 Project Funding

Have you, or will you, secure any other Provincial and/or Federal Government funding for this project?
 Yes No

If **yes**, provide detailed information as indicated below

Source	Dollar Amount

2.1(a) Project Detail

NOTE: To be eligible for funding, producers must be a member in good standing and:

- 1.) Registered with the PEI Cattle Producers Inc
- 2.) Paid dead-stock fees and levies
- 3.) Have premises identified under the Premises Identification Regulations

Are you a member of the Prince Edward Island Cattle Producers? Yes No
 Have you attended a VBP+ course? Yes No
 Have you attended a Humane Handling Course Yes No
 Premise ID Number: PE99 _____

2.1(b) Eligible Expenses

- ✓ **RFID Readers – limited to the first 5 participants**
 - RFID readers are eligible for 50% funding to a maximum of \$1333.00 per reader for completing Phase I of the VBP+ program OR 75% funding up to \$2,000 for completing Phase I of the VBP+ and attending a Humane Handling Workshop.

RFID reader cost\$ _____ @ _____ % = \$ _____

Office Use: Comments

- ✓ **VBP+ Audits – funding available for producer audits in 2021/22 – limited to first 5 participants**
 - Assistance of 75% of the cost of your first VBP+ Third Party Audit to the value of \$543.75
 - Assistance of 50% pf the cost of a VBP+ Third Party Re-Audit to the value of \$362.50

Audit cost \$ _____ @ 75% = \$ _____

Audit cost \$ _____ @ 50% = \$ _____

✓ **Handling Facilities – please provide a brief description of the system**

- ✓ Assistance of 50% funding up to a maximum of \$5,000 for handling facilities will be available to producers who have attend a Humane Handling Workshop (in-person or virtual) and complete Phase I of the VBP+ program.
- ✓ For head-gates and chute systems the equipment must be new and purchased from an authorized dealer
- ✓ Please note – funding may be prorated based on producer uptake

Handling system \$ _____ @ 50% = \$ _____

Description of handling facility:

✓ **Animal Health Management**

- ✓ Assistance of \$6.00 for each fully vaccinated cow-calf pair
- ✓ Producer must attend one of the PEICP Animal Health Management workshops and complete a herd health questionnaire
- ✓ Producer and their veterinarian to sign a declaration agreeing to the information in the questionnaire

Date animal health workshop attended: _____

Questionnaire completed and attached? Yes No

Number of cow-calf pairs vaccinated: _____ @ \$6.00 = _____

Ineligible expenses

- Farm labour
- Activities, (purchases) prior to April 1, 2021

Application Process:

For more information on VBP+ training, and Premise ID please contact the Prince Edward Island Cattle Producers at 368-2229

Proof of payment options:

- Cancelled cheque
- Credit card payment receipt
- Account statement from supplier showing supplies paid in full.

3. Declarations and Consent to Use Personal Information

By submitting this form for project funding, I/We:

- understand that personal information on this form is collected under Section 31c of the *Freedom of Information and Protection of Privacy Act* R.S.P.E.I. 1988 c. F-15.01 as it relates directly to and is necessary for the Canadian Agricultural Partnership program being delivered as part of the Canada-Prince Edward Island Canadian Agricultural Partnership Framework and Bilateral Agreement. It will be used for determining eligible for program assistance and will be shared with the Canada Revenue agency regarding the taxable benefit and Agriculture and Agri-Food Canada, regarding program management, claims, audits, and evaluation of this program;
- agree that information provided for purposes of the Canadian Agricultural Partnership may be shared with the Canada Revenue Agency as it pertains to any potential taxable benefits, as well as with Agriculture and Agri-Food Canada or its agent regarding claims, audits and evaluations as it relates directly to and is necessary for this contract being delivered as part of the Canada-Prince Edward Island Canadian Agricultural Partnership Framework and Bilateral Agreements;
- agree to participate in an evaluation and/or audit of the program;
- understand that projects funded may be communicated through the Department's public and social media channels;
- understand that failing to comply with all application requirements may delay the processing of the application, or may render me ineligible for receiving assistance under the program;
- understand that the Social Insurance Number, Business Number and/or Charity Registration Number is collected under the authority of the *Income Tax Act* for the purposes of reporting income;
- acknowledge that my/our completing this application form and by receiving advice from PEIDAL or other program delivery agent does not oblige PEIDAL or other delivery agents to provide funding;
- understand that expenses incurred prior to the submission of an approved application are not eligible for assistance under this program; and

I, certify that the information given on this application is to the best of my knowledge complete, true and accurate.

Name of Applicant/Signing Officer
(Please print)

Signature of Applicant/Signing Officer

Date

4. Submitting the Application

E-Mail Applications:

Once you have completed the application, you may e-mail a signed copy in PDF to Cattlemen@eastlink.ca
Please include the program name in the subject line.

Regular Mail Applications:

Prince Edward Island Cattle Producers
420 University Ave.
Charlottetown, PE, C1A 7Z5

Fax applications: (902) 367-3082

Questions? Please e-mail cattlemen@eastlink.ca or Phone (902) 368-2229

Date Application Received (Office Use Only):

Date Application Completed (Office Use Only):

Approved? Y N

Initials: