

5.3 AGRICULTURE RESILIENCY PROGRAM



**Sustainable Canadian
Agricultural Partnership**

Competitive. Innovative. Resilient.

| |
|-------------------------------------|
| Date Received (Office Use Only): |
| Project/Client # (Office Use Only): |

Step 1 – Application Requirements Checklist

- Complete and Sign Application Form – General
- Select each sub-program that you are applying for and complete the corresponding Appendix (**Step 6**)
- Submit your completed application package (Application Form – General, and Project Proposal or Appendix) to agresiliency@gov.pe.ca (See **Step 14** for more information)

Step 2 – Applicant Contact Information

| | | | |
|--|--|--------------------------|--|
| Applicant Name (Business Name or Individual Name (including middle name)) | | | |
| | | | |
| Contact Name | | | |
| Secondary Contact | | | |
| Email | | | |
| Phone Number | | Alt. Phone Number | |
| Mailing Address | | | |
| City/Town/Village | | | |
| Province | | Postal Code | |

Step 3 – Type of Business or Organization (Choose one and complete the required Social Insurance, Business, or Registration Number)

| | |
|--|--|
| Individual Proprietorship Social Insurance Number: | |
| Incorporated Company Revenue Canada Business Number: | |
| Partnership Revenue Canada Business Number: | |
| Registered Charitable Organization / Not-for-Profit Registration Number: | |

Step 4 – Partnerships (If you indicated “Partnerships” as your type of business in Step 3, please list the partner name(s) and their ownership per cent in the table below).

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

Step 5 – Project Information

| | | | |
|---------------------------|--|-------------------------|--|
| Project Title: | | | |
| Project Start Date | | Project End Date | |

Step 6 – Sub-Program (Please select which sub-program(s) you are applying for).

| |
|---|
| <input type="checkbox"/> 5.3.1 Agriculture Resiliency Research Sub-Program |
| Complete Proposal (Step 10) |
| <input type="checkbox"/> 5.3.2 Extreme Weather Preparedness Sub-Program |
| Complete Appendix A: Extreme Weather Preparedness Activities |
| <input type="checkbox"/> 5.3.3 Producer Wellness Sub-Program |
| Complete Proposal (Step 10) |

Step 7 – Additional Sources of Project Funding

Have you, or will you, secure any other Provincial and/or Federal Government Funding for this project?

- Yes No

If yes, please provide detailed information as indicated below

| Source | Dollar Amount |
|--------|---------------|
| | |
| | |
| | |

Step 8 – Recipient Type (Applicant chooses one of the following options)

- | | |
|---|---|
| <input type="checkbox"/> Primary Producer | <input type="checkbox"/> Processor |
| <input type="checkbox"/> Industry Organizations | <input type="checkbox"/> Research Body (Institution) |
| <input type="checkbox"/> Retailer/Wholesaler | <input type="checkbox"/> Provincial/Territorial/Municipal Government |
| <input type="checkbox"/> Service Provider | <input type="checkbox"/> Indigenous (First Nations, Inuit, Métis) Group (government, community, and/or including Tribal Councils, associations, organizations) |
| <input type="checkbox"/> Student | |

Step 9 – Primary Type of Industry (i.e. dairy, potato, beef, hog, grains and oilseeds).

Step 10 – Project Proposal

(Please use the topics listed below as the subject headings of your proposal)

| | |
|---|--|
| Project Summary | Provide a summary of the organization and conditions leading to this project. Outline what work is to be carried out, by whom, etc. |
| Project Objectives & Anticipated Results | Briefly describe the issue your project is designed to address and the project's final objectives. State the expected benefits to the industry. |
| Timeline | Identify the project's major timelines and activities (including submission of final report). Include a description of activities and the activity's start and end date. |
| Sustainable CAP Outcome | The Agriculture Resiliency Program Initiative will contribute to the Sustainable CAP outcome of enhancing sector resiliency, diversity, equity and inclusion, and public trust. Please describe how your project will positively contribute to this specific outcome. |
| Budget | Identify total project costs and funding requested from the program. |
| Evaluation | How will you measure whether the project investments and activities achieved the objective (indicated in the project objective section of the proposal) of this project? How will you measure progress made toward achieving the project objective? How will you communicate the evaluation results? |
| Communication of Support (if applicable) | Please describe how you intend to recognize the support of the Department in communication material related to the project. |

Step 11 – Declaration and Consent to Personal Information

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

- understand that personal information on this form is collected under Section 31(c) 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 Sustainable Canadian Agricultural Partnership program being delivered as part of the Canada-Prince Edward Island Sustainable Canadian Agricultural Partnership Framework and Bilateral Agreement. It will be used for determining eligibility 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 Sustainable 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 Sustainable 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 the PEI Department of Agriculture or other program delivery agent does not oblige the PEI Department of Agriculture 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
- agree that a completed Final Report including financial verification will be provided to the Department via email within 60 days of the completion of the project.

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 (yy/mm/dd)

Step 12 – Applicant Demographic Information

Your response to the following questions will assist the Department in understanding demographic profile of Sustainable CAP clients.

| | | | |
|---|---------------------------------|--|---|
| Please select which gender you identify as | | | |
| <input type="checkbox"/> Man | <input type="checkbox"/> Woman | <input type="checkbox"/> Non-binary | <input type="checkbox"/> Gender not listed <input type="checkbox"/> Prefer not to say |
| What is your first language? | | | |
| <input type="checkbox"/> English | <input type="checkbox"/> French | <input type="checkbox"/> Other | <input type="checkbox"/> Prefer not to say |
| Are you proficient in languages other than English or French? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
| Are you a senior (age 65 or older?) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
| Are you a youth (age 29 or under?) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
| Do you identify as a: | | | |
| Person with a disability? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
| Member of the Island's Acadian community? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
| Member of an Indigenous group? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
| Newcomer to Canada? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
| Part of another under-represented group? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |

Step 13 – Company/Organization Demographic Information

1a) Is your company/organization owned (50% or more) by one of the following groups? Select all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Indigenous Person/Persons – First Nations | <input type="checkbox"/> Indigenous Person/Persons – Inuit |
| <input type="checkbox"/> Indigenous Person/Persons – Métis | <input type="checkbox"/> Indigenous Person/Persons – Unknown/Unsure |
| <input type="checkbox"/> Woman/Women | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Person(s) with disabilities | <input type="checkbox"/> Visible minority(ies) |
| <input type="checkbox"/> Gender Parity (50% women and/or non-binary people or more) | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Decline to Identify | |

1b) Does your organization's Board of Directors have a diverse composition with significant representation (30% or more) from one of more of the following groups? Select all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Indigenous Person/Persons – First Nations | <input type="checkbox"/> Indigenous Person/Persons – Inuit |
| <input type="checkbox"/> Indigenous Person/Persons – Métis | <input type="checkbox"/> Indigenous Person/Persons – Unknown/Unsure |
| <input type="checkbox"/> Woman/Women | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Person(s) with disabilities | <input type="checkbox"/> Visible minority(ies) |
| <input type="checkbox"/> Gender Parity (50% women and/or non-binary people or more) | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Decline to Identify | |

2) Indicate any of the following groups who will directly benefit from with project's activities. Select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Indigenous Person/Persons – First Nations | <input type="checkbox"/> Indigenous Person/Persons – Inuit |
| <input type="checkbox"/> Indigenous Person/Persons – Métis | <input type="checkbox"/> Indigenous Person/Persons – Unknown/Unsure |
| <input type="checkbox"/> Woman/Women | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Person(s) with disabilities | <input type="checkbox"/> Visible minority(ies) |
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Decline to Identify |

14 – Submitting the Application

Please complete the required Project Proposal and submit together with the general application.

Completed applications may be submitted to the attention of the Program Officer via regular mail or email

Email Applications:

Once you have completed the application, you may email a signed copy in PDF to the **Agriculture Resiliency Program** at agresiliency@gov.pe.ca
Please include the program name in the subject line.

Regular Mail Applications:

Applications may be submitted via regular mail at:
PEI Department of Agriculture
Attn: Agriculture Resiliency Program
11 Kent Street
PO Box 2000
Charlottetown PE C1A 7N8

Questions?

Please email the **Agriculture Resiliency Program** at agresiliency@gov.pe.ca
or call at 902-213-6476

Appendix A: EXTREME WEATHER PREPAREDNESS ACTIVITIES

Project Details: Please complete the tables below

Project Location (please list PIDs):

Premises ID (for livestock operations):

Brief Project Description:

What weather risks do you want to address with program support, and what activities will you undertake to address those risks? Please include details specific to your project, and include supplemental pages as needed.

Budget

| Project Expenses (i.e. materials, services, labour, equipment) | Supplier | Estimated Cost (less HST) |
|--|---------------|---------------------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | Total: | \$ |

Professional Engineering Structural Assessment

A Professional Engineering Structural Assessment is needed if you intend to undertake activities to increase wind resilience of farm buildings (excluding tarp barns). If you are undertaking an assessment, please complete the table below:

Name of Engineering Firm

Name of Consulting Engineer

Email

Phone Number

Description of farm buildings to be assessed for structural resilience

Building identification **Description and use:** approximate dimensions, type of building, year constructed, and any other key details

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