Improving Crop and Livestock Health and Quality



| | (Office use only) |
|----------------|-------------------------|
| Date received | Application received by |
| Project Number | Previous Project Number |

| New application | New entran | t | Continuation of previous approved project | |
|------------------------------------|------------|-------------------|---|--|
| Language preference for correspond | dence: | English / Anglais | French / Français | |

Step 1- Basic Eligibility Requirements

I confirm that all of the following conditions are met:

- √ The applicant is eligible under the Sustainable Canadian Agricultural Partnership.
- The applicant is in compliance with all Requirements of Law and agrees to remain in compliance with all Requirements of Law for the duration of the project. "Requirements of Law" means all applicable requirements of law, as may be set out in statutes, regulations, by-laws, codes, rules, ordinances, official plans, approvals, permits, licences, authorizations, decrees, injunctions, orders and declarations, or any other similar requirement of law.
- The project does not support normal operating costs associated with carrying out a business.
- The project does not support basic research (experimental or theoretical work undertaken primarily to acquire new knowledge without a commercial or other specific application in view).
- The project does not, and the project activities do not, directly influence and/or lobby any level of government.

Step 2 - Applicant Contact Information (Communication and disbursements will be addressed to applicant name)

| Applicant Name (Business Name or Individual Name) | | | |
|--|-------------|----------------------|--------------------------------|
| Contact Name | | | |
| Secondary Contact | | | |
| Email | | I prefer documents I | pe communicated to me by email |
| Phone Number | | | |
| Address | | | |
| City/Town | | | |
| Province | Postal Code | | Country |
| CRA Business Number or GST/HST Number | | | |





Step 3 - Project Location (Identify where project work is taking place if different than above - attach additional information if required)

| Primary Location | Secondary Location |
|--|--------------------|
| Project Contact Name (if different than above) | |
| Phone Number | |
| Address | |
| City/Town | |
| Province/Postal Code | |
| Property Identification Number - PID (if applicable) | |

(This step is optional)

Step 4 - Is your company/organization majority owned (50% or more) by one or more of the following groups? (Select all that apply)

Indigenous Peoples Women Not applicable

First Nations Metis

Inuit Unknown Youth Decline to identify

(40 years old and younger)

(This step is optional)

Step 5 - Select any of the following groups who will directly benefit from the project's activities (Select all that apply)

Indigenous Peoples Women Not applicable

First Nations Metis

Inuit Unknown Youth Decline to identify (40 years old and younger)

Step 6 - Recipient Type (Applicant chooses one of the following options)

Primary Producer Processor

Industry Organization Research Body/Institution

Retailer/Wholesaler Service Provider

Provincial / Territorial / Municipal Government Indigenous

community association organization individual

Step 7 - Commodity or Sector - What commodity or sector does the project activities benefit?

| Commodity or Sector |
|---------------------|
|---------------------|

Step 8 - Project Title and Description

| Project Title (10 words or less) | | | |
|--|---|--|-------------------------------|
| Project Description - Provide that and benefits; expected outcome | ne following information on the project; attach additional information such | ct; description of the project; challen as business plan as needed. | ges and issues; opportunities |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Step 9 - Work Plan | | | |
| List each high level activity/key mil completion date. Attach additiona | lestone necessary to successfully co il sheets if necessary. | omplete the proposed project, in chr | onological order of estimated |
| Proposed Project Start Date | | Proposed Project End Date | |
| Activity or Milestone | | | Estimated Completion Date |
| 1. | | | |
| | | | |
| | | | |
| | | | |
| 2. | | | |
| | | | |
| | | | |
| | | | |
| 3. | | | |

Step 10 - Cost Information - List all cost items, excluding taxes (Quotes must be attached if applicable)

| Budget Items | Unit Cost of Individual Items | Total Cost of Budgeted Items (a) = (b) + (c) + (d) | \$ Requested from CAP (b) | Applicant Contribution (Cash/In-kind) (c) | "Other Source" Contributions (name, amount) (d) |
|--------------|----------------------------------|---|---------------------------|--|---|
| Example | 10 | 100 | 50 | 40 | 10 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | |

I am eligible to apply for the non reimbursable portion of HST and have included this item in the table above and have attached supporting documentation.

Step 11 - Required Additional Information

Refer to program guidelines for program specific additional required documentation. Contact your regional Department of Agriculture, Aquaculture and Fisheries office for assistance.

Declaration and Signature

The applicant certifies that the information and representations contained in this application are true and correct to the best of his/her/its knowledge and belief.

The applicant hereby gives his/her/its consent to the Minister of the Department of Agriculture, Aquaculture and Fisheries of the Province of New Brunswick and to the employees, agents, successors and assigns of the said Minister to seek and obtain further and other information to whatever extent and from whatever sources or records as may be deemed or considered appropriate.

The applicant consents to the disclosure of applicant contact and project information to Canada and New Brunswick for disclosure of financial, investment and qualitative information related to the funding of a project. Financial information disclosed may be funding under a priority area, activity area and recipient type. Investment information may be disclosed for the purpose of analyzing impacts of Federal/Provincial/Territorial investments in the sector. Qualitative information may be disclosed to evaluate the results achieved from spending on programs under Sustainable CAP.

The applicant consents to New Brunswick or Canada publishing the amount of funding the applicant has received under Sustainable CAP.

| Applicant Signature | Date |
|---------------------|------|
| | |

Completed applications can be submitted as follows:

√ in person or mailed to your regional Department of Agriculture, Aquaculture and Fisheries office,
√ emailed to Sustainable.CAP@gnb.ca
√ mailed to Sustainable CAP Program Administrator:

Department of Agriculture, Aquaculture and Fisheries PO Box 6000: Fredericton NB: E3B 5H1