Livestock Genetic Enhancement



| | (ernee ace enly) |
|----------------|-------------------------|
| Date received | Application received by |
| Project Number | Previous Project Number |

(Office use only)

| | New application New entrant | | ant | Continuation of previous approved project | | |
|---|-------------------------------|-------------|-------------------|---|--|--|
| 1 | Language preference for corre | espondence: | 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 | | l prefer documents | be communicated to me by email |
| Phone Number | | | |
| Address | | | |
| City/Town | | | |
| Province | Postal C | 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 (40 years old and younger) | Decline to identify |

(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 (40 years old and younger) | Decline to identify |

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 the following information on the project; description of the project; challenges and issues; opportunities and benefits; expected outcome; attach additional information such as business plan as needed. |
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Step 9 - Work Plan

List each high level activity/key milestone necessary to successfully complete the proposed project, in chronological order of estimated completion date. Attach additional sheets if necessary.

| 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

Beef Genetic Enhancement Element

| Office use only - Project # | |
|---|--|
| Elite Sires, Elite Female and Elite Embryo Component | |
| Number of Elite Sires you are planning to purchase: (30% to a maximum of \$1,200/animal, see guidelines for potential premiums) | |
| Number of Elite Females you are planning to purchase: (30% to a maximum of \$700/animal, see guidelines for potential premiums) | |
| Number of Elite Embryos you are planning to purchase: (30% to a maximum of \$500/embryo) | |
| Beef Genetic Testing Component | |
| Activity 1: (100% up to a maximum of \$500/herd) | |
| Identify the beef herd genetic evaluation program you would like to participate in: | |
| Identify the beef herd genetic evaluation software you would like to purchase: | |
| Identify the genetic testing (ultrasound and/or genomic) you would like to complete: | |
| Your estimated cost to participate in one or several of the above: \$ | |
| Activity 2: (maximum of \$400/bull) | |
| How many bulls are you intending to send to a test station(s): | |
| Office use only - Total Approved \$ | |

Sheep Genetic Enhancement Element

| Office use only - Project # | | | |
|--|--|--|--|
| Elite Ram and Ewe Component | | | |
| Total number of Purebred rams to be purchased: (30% to a maximum of \$400/animal, see guidelines for potential premiums) | | | |
| Total number of Purebred or F1 ewes and ewe lambs to be purchased: (30% to a maximum of \$150/animal, see guidelines for potential premiums) | | | |
| Sheep Genetic Testing Component: (100% to a maximum of \$500/flock) | | | |
| Identify the sheep flock genetic evaluation program in which you would like to participate | | | |
| Identify the sheep flock genetic evaluation software you would like to purchase | | | |
| I would like to genotype for scrapie's resistance and would like to test (number of animals) | | | |
| Your estimated cost to participate in one or several of the above testing components: \$ | | | |
| Office use only - Total Approved \$ | | | |

Swine Genetic Enhancement Element

| Office use only - Project # | | | | |
|--|--------|------------|-------|--|
| Total Number in breeding herd (as of application date): | Gilts: | | Sows: | |
| | # Head | ls or Sows | | |
| Boar Initiative (30% assistance, maximum assistance \$1,000/animal) | | | | |
| Gilt Initiative (30% assistance, to a maximum of \$120/animal) | | | | |
| Boar Semen Initiative (30% assistance, to a maximum of \$15.00/straw) | | | | |
| Office use only - Project # | | | | |

Farmed Fox Genetic Enhancement Element

| Office use only - Project # | | | | | |
|---|-----------|----|-------|-------|--|
| Total number on ranch (as of application date): | Females: | Ma | ıles: | Pups: | |
| I am applying for assistance in accordance to the initiative guidelines and with respect to animals purchased for breeding in 2018: | | | | | |
| Number of Males you are planning to purchase: (assistance up to a maximum of \$125/animal) | # of Head | | | | |
| Office use only - Total Approved \$ | | | | | |

Mink Genetic Enhancement Element - Purchase

| Office use only - Project # | | | | | | |
|--|-------------------|-----------|-----------------|--------|-------|--|
| Males and females must be purchased in time for the upcoming breeding season from mink operations in the US and Canada who have the highest quality as evidenced from auction house returns (top 20% of auction sales) and are from Aleutian Disease free ranches. | | | | | | |
| Total number on ranch (as of application date): | Breeding females: | | Breeding males: | | Kits: | |
| Please complete the table below with the number(s) of breeder mink you are planning to purchase: | | | | | | |
| Category | | # of Mink | | Colour | | |
| a. Number and colour of Males you are planning to purchase: | | | | | | |
| b. Number and colour of Females you are planning to purchase: | | | | | | |
| Totals: | | | | | | |
| Colours: brown, mahogany and black – 30% of purchase price to a maximum of \$100 Colours: pastels & other high demand, low volume mink – 30% of purchase price to a maximum of \$200 | | | | | | |
| Office use only - Total Approved \$ | | | | | | |

Dairy Genomic Testing Element

| Office use only - Project # | | | | |
|--|--|--|--|--|
| Number of animals under 2 years of age | | | | |
| Number of animals you plan to test | | | | |
| Number of Head | d Assistance Rate (\$20 / animal) Total Assistance Requested | | | |
| Office use only - Total Approved \$ | | | | |

Goat Genetic Enhancement Element

| Office use only - Project # | | | |
|--|--|--|--|
| Total number of Purebred Bucks (30% to a maximum of \$250/animal) | | | |
| Total number of CLRC registered Does and Doe kids (30% to a maximum of \$150/animal) | | | |
| Office use only - Total Approved \$ | | | |

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