

Sustainable Canadian Agricultural Partnership

Competitive. Innovative. Resilient.

Advancing Public Trust Program Application

Newfoundland and Labrador



All applications and supporting documentation must be submitted to:

Attn: Sustainable Canadian Agricultural Partnership
Department of Forestry, Agriculture, and Lands
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/fal 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)	Agri-Business/Farm Location(s) <input type="checkbox"/> Same as Mailing Address	<input type="checkbox"/> New Entrant Years operating: _____ <input type="checkbox"/> Business Plan attached <input type="checkbox"/> Business Plan on file Refer to Sustainable CAP Program Guide for information on New Entrant requirements
Mailing Address	Provincial Electoral District of Farm	
E-mail	Phone Number	Cell Number
<input type="checkbox"/> I/we permit the sharing of my/our address and email address with the Newfoundland and Labrador Federation of Agriculture in order to receive industry news and updates.		
Please indicate your agri-business type below		
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Legislative Body	<input type="checkbox"/> Industry Association <input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Partnership – Provide names, addresses and percentage of ownership		
Name		%
Address		
Name		%
Address		
Name		%
Address		
<input type="checkbox"/> Corporation		
Please complete name, address and percentage of ownership for each shareholder		
Name		%
Address		
Name		%
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:		
<input type="checkbox"/> Cooperative – provide names of cooperative members below:		

How many years have you been farming/operating your agri-business? _____ <input type="checkbox"/> Not applicable	
Premise Identification Program Number _____ <input type="checkbox"/> Not applicable	
Date of Environmental Farm Plan (EFP) Update/Completion DD / MM / YYYY <input type="checkbox"/> Not applicable	
Are you, any shareholders, or spouses a current or former federal/provincial public office holder, or federal/provincial public servant? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes - include details with application
Are you at least 19 years of age? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you (the applicant) capable of entering into a contractual agreement with the Minister of Forestry, Agriculture, and Lands? <input type="checkbox"/> No - include details with application <input type="checkbox"/> Yes
Is your farm/agri-business/company/organization majority owned (50% or more) by one or more of the following groups? Select all that apply. (Please note this information is for data collection only and will not influence the decision regarding the project)	
Indigenous person/peoples (Select all that apply) <input type="checkbox"/> First Nation(s) <input type="checkbox"/> Inuk/Inuit <input type="checkbox"/> Métis <input type="checkbox"/> Unknown/unsure	<input type="checkbox"/> Woman/Women
	<input type="checkbox"/> Youth (Age 19-40)
	<input type="checkbox"/> Not Applicable ¹
	<input type="checkbox"/> Decline to Identify
¹ Not applicable: A person that does not identify as Youth, Women and/or Indigenous Peoples, however, does choose to identify.	

Advancing Public Trust

The objective of the Advancing Public Trust Program is to build trust and confidence in the Newfoundland and Labrador agriculture, agri-foods and agri-products system. **Please consult the Sustainable CAP Program Guide pages 57-58 for information relevant to this application.**

Indicate the activity for which you are applying for funding		Consultant(s)	Consultant(s) Professional Association
<input type="checkbox"/>	Agriculture Awareness (i.e. AITC, Campaigns, Agriculture Exhibitions and Open Farm Day)		
<input type="checkbox"/>	Public Trust Strategy Development and Implementation		
<input type="checkbox"/>	Consumer and Market Research		
<input type="checkbox"/>	Targeted Marketing and Communications for Underrepresented Groups such as Indigenous peoples, youth and women		
<input type="checkbox"/>	Other (Specify):		

A resume, curriculum vitae, or firm profile of your consultant must be attached to application.

Select any of the following groups who will directly benefit² from the project's activities. Select all that apply. (Please note this information is for data collection only and will not influence the decision regarding the project):

Indigenous person/peoples (Select all that apply) <input type="checkbox"/> First Nation(s) <input type="checkbox"/> Inuk/Inuit <input type="checkbox"/> Métis <input type="checkbox"/> Unknown/unsure	<input type="checkbox"/> Woman/Women
	<input type="checkbox"/> Youth (Age 19-40)
	<input type="checkbox"/> Not Applicable ³
	<input type="checkbox"/> Decline to Identify

² 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.

³ Not applicable: A person that does not identify as Youth, Women and/or Indigenous Peoples, however, does choose to identify.

Project Description: Please provide a description of the project you are proposing, including information about the activity/activities selected above. Describe how the project will advance public trust and confidence in the sector, and how the project will meet the objectives of the program.

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

Advancing Public Trust Program Budget		
		Costs
Travel Costs (meals, mileage and incidentals are paid at Provincial Treasury Board rates)		
Airfare		
Accommodations		
Meals		
Ground Transportation:	Car Rental	
	Fuel for Rental	
	Mileage (for use of personal vehicle)	
	Taxi Fares	
	Other Transportation	
Audio/Video Equipment Rental		
Registration Costs		
Speaker Costs		
Consultant Fees and Professional Services		
Additional Costs		
Equipment (include quotes and equipment specifications)		
Salary/labour		
Equipment rental		
Freight		
Other		

Other Funding Sources*	Amount	Approved	
		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	

*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 Forestry, Agriculture, and Lands. 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.