MARINE SECURITY CONTRIBUTION PROGRAM ROUND 4 APPLICATION

CANADA PORT AUTHORITIES

SECTION 1 APPLICANT DETAILS

PART A - ORGANIZATION INFORMATION

Applicant Information				
1. Full legal name of your organization:				
2. Organization name for banking purposes if different from legal name	e:			
3. Has your organization received prior funding from Transport Canada Port Divestiture contribution etc.)? <u>If yes</u> , please specify from whom received.				
4. Facility Name and Address:				
5. Goods and Services Tax/Harmonized Sales Tax No. (GST/HST):	6. Are you (must check one): a) For profit organization b) Not for profit organization c) Sole proprietorship d) Partnership e) Incorporated			
Contact Information				

Contact Information					
Main Contact Person		Alternate Contact Person			
Name:		Name:			
Title:		Title:			
Office Telephone Number:	Office Fax Number:	Office Telephone Number:	Office Fax Number:		
E-Mail Address:		E-Mail Address:			
Business Address:					
Mailing Address if different:					
Website address http://					
In which official language does your organization wish to communicate? (Check one):					

Eligibility		
1. Are each of the proposed security enhancement projects clearly identified in a Transport Canada approved Port Security Plan pursuant to the Marine Transportation Security Regulations (MTSR)?	YES	NO 🗌
2. If you answered NO to question 1, has an amendment to the Transport Canada approved Security Plan been submitted to the appropriate Transport Canada Regional Office for approval?	YES 🗌	NO 🗌
3. Are you a Canada Port Authority*	YES	NO 🗌
* List of Canada Port Authorities available in Application Guidelines - Annex A		
Type Of Business		
Please tell us about your organization, mandate, history, organizational structure products and services offered. Please tell us about your organization, mandate, history, organizational structure products and services offered.	C, 111a C	

PART B - EVALUATION INFORMATION

Objective No. 1: Security of Canada's Marine Transportation System

Factor 1.1: Protection of People	
1. How many people would be protected duri	ng a peak hour period by the security enhancement projects?
Project No. 1	Project No. 7
Project No. 2	Project No. 8
Project No. 3	Project No. 9
Project No. 4	Project No. 10
Project No. 5	Project No. 11
Project No. 6	Project No. 12
(Add in additional projects if necessary)	

Factor 1.2: Protection of Vessels/Cargo	
What is the maximum number of vessels that can be berthed at your facility at one time?	

Factor 1.3: Protection of Facilities	
What is the replacement value of critical assets types of assets (e.g. building, equipment, vehicle).	s protected by the security enhancement project? Identify les) and total replacement value.
Project No. 1 - Type of Asset & Value	Project No. 7 - Type of Asset & Value
Project No. 2 - Type of Asset & Value	Project No. 8 - Type of Asset & Value
Project No. 3 - Type of Asset & Value	Project No. 9 - Type of Asset & Value
Project No. 4 - Type of Asset & Value	Project No. 10 - Type of Asset & Value
Project No. 5 - Type of Asset & Value	Project No. 11 - Type of Asset & Value
Project No. 6 - Type of Asset & Value	Project No. 12 - Type of Asset & Value
(Add in additional projects if necessary)	

Factor 2: Addre	ess key vulnerab	oilities v	within n	narine transpo	rtation system	
1. Identify your type	of facility:					
a) Cruise ship fac	ility?			e) Container termi	inal?	
b) International fe	rry facility?			f) Roll On Roll Off facility?	(RORO) cargo	
c) Roll On Roll Of facility?	ff (RORO) passenger			g) Break bulk and	general cargo facili	ty?
d) Dangerous goo	ods facility?			h) Bulk, dry and lid	quid cargo facility?	
Objective No.	2: Economic C	Consid	leration	IS		
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Factor 1: E cond	omic Contributio	n of th	e Facili	ty		
1. What is the gross	annual revenue of yo	our facilit	y?	2. What is the annual revenue surplus / deficit of the facility?		
a) Over \$500 m	illion			a) Deficit	<u> </u>	
b) Up to \$500 n	nillion			b) Surplus of less than \$500K		+
c) Up to \$100 n	nillion			c) Surplus of \$500K - \$999K		\perp
d) Up to \$10 million			d) Surplus of \$1 M - \$10 M			
e) Less than \$1 million			e) Surplus of over \$10 M			
3. How many emplo	yees are employed a	it your fac	cility?			
						
4. What is the quant through the facility	ity and value of cargo y per year?	o, contain	ers in TE	U's and other bulk	cargo in tonnes, tha	at is processed
Containers: (TEU's)	Quantity	Val	lue	Other Cargo (Tonnes)	Quantity	Value
a) Above 500,001				a) Above 1,000,000		
b) 100,001 to 500,000				b) 100,001 to 1,000,000		
c) 10,001 to 100,000				c) 1,001 to 100,000		
d) Less than 10,000				d) Less than 1,000		

PROTECTED when completed

Factor 2: Recognition of previous security investments

Please identify all security projects which were completed before April 1, 2004 and provide details regarding other sources of funding (i.e. federal, provincial and/or municipal assistance) for each of those projects.

Projects Before April 1, 2004		Sept. 11, 2001 to March 31, 2002	April 1, 2002 to March 31, 2003	April 1, 2003 to March 31, 2004	Total
Project Name	Sources of Funding	Amount Spent	Amount Spent	Amount Spent	Amount Spent
	Applicant Other Sources of Funding Total	\$ \$ \$	\$ \$ \$	\$ \$ \$	\$ \$ \$
	Applicant Other Sources of Funding Total	\$ \$	\$ \$ \$	\$ \$ \$	\$ \$ \$
	Applicant Other Sources of Funding Total	\$ \$ \$	\$ \$ \$	\$ \$ \$	\$ \$ \$
	Applicant Other Sources of Funding Total	\$ \$ \$	\$ \$ \$	\$ \$ \$	\$ \$ \$
	Applicant Other Sources of Funding Total	\$ \$ \$	\$ \$ \$	\$ \$ \$	\$ \$ \$
	Applicant Other Sources of Funding Total	\$ \$ \$	\$ \$ \$	\$ \$ \$	\$ \$ \$
	Applicant Other Sources of Funding Total	\$ \$	\$ \$ \$	\$ \$ \$	\$ \$ \$
	Grand Total	\$	\$	\$	\$

PART C - APPLICANT DECLARATION

I, the undersigned, hereby certify that:				
 All information provided to Transport Canada in support of this request for funding is true and complete; If funding requested in this application is approved, the funds will be spent solely for the project and activities described in this application; and I provide consent for Transport Canada to make necessary credit and other inquiries in support of this request. 				
Name of authorized signatory (please print clearly)	Title			
Signature	Date			
Contribution Agreement Signing Authority	·			
Name of authorized signatory (please print clearly)	Title			

NOTICE TO APPLICANTS:

The information provided as part of the application process includes information that may be commercially sensitive. Any information provided as part of this process will be protected from disclosure to the extent permitted by law.

It is the applicant's responsibility to ensure that the project(s) complies with all relevant federal, provincial/territorial and municipal laws.