



PLANNING AND ASSESSMENT FOR VALUE-ADDED ENTERPRISES (PAVE) REQUEST FOR FUNDING

Use this application form to request funding under the PAVE program. If you need help completing this form, please call a program officer at 1-866-452-5558 between 8:00 a.m. and 4:30 p.m., Monday to Friday.

Protected B - Personal Information

Section 1 - Applicant Information

1. Have you received funding under PAVE in the past? [ ] Yes [ ] No
If yes, please provide the following information about the previous funding:
a File number
b) Name and current telephone number of the individual or organization to whom funding was given

2. Application Type (check one)
[ ] Single [ ] Group
If you are applying as an individual, please proceed to #3 below.
If you are applying as a group, please provide the number of producers in the group:
Provide information for the additional applicants in the group in Section 7 of this form.

3. Please provide the following information for the Applicant:
If the applicant is a proprietorship (individual(s)):
Table with columns: First name, Initial(s), Last name, Social Insurance Number

If the applicant is a partnership, corporation, co-operative, other association of persons:
Contact person for the organization:
Organization name
Names of partner(s) or shareholder(s): (attach separate page if necessary)

Address Business/GST Number
Village/Town /City Province Postal code E-mail Address
Telephone Number Alternate Telephone Number Facsimile Number

4. Please check the principal commodity you produce (check one):
[ ] Beef [ ] Sheep [ ] Other Poultry [ ] Fruit
[ ] Dairy [ ] Other Animals [ ] Vegetable [ ] Grain and Oilseeds
[ ] Hog [ ] Poultry and Egg [ ] Greenhouse and Nursery [ ] Other

Section 2 - Eligibility Information

5. Please see the section called "Who can participate in PAVE?" in the guide for details on eligibility requirements.
A) As an established producer, can you demonstrate that you generate a minimum of \$10,000 in annual gross farm sales? [ ] Yes [ ] No
OR
B) As the owner/operator of a new farm business (you have been in operation for less than 6 years), can you demonstrate that you will have \$10,000 in annual gross farm sales? [ ] Yes [ ] No
OR
C) If you intend to farm, can you demonstrate proof of ownership or control of (own/rent/lease) productive agricultural assets that will generate annual farm income of at least \$10,000 in annual gross farm sales? [ ] Yes [ ] No

Note: For group applications, members of the group receiving benefits have to meet the PAVE eligibility requirements. For each participant in the Group, please provide information in Section 7 - Group Applicant Information. For more information on group qualifications, please contact a Program Officer at 1-866-452-5558.

### Section 3 - Consultant Selection

6. Please see "Guidelines on selecting a consultant," on selecting the most suitable consultant. Please read these guidelines carefully before choosing a consultant.

**Note: AAFC's approval is not intended and is not in any way an assurance or a guarantee of the competence or abilities of the selected consultant. The Minister of Agriculture and Agri-Food Canada, the Minister of New Brunswick Agriculture, Fisheries and Aquaculture, their officers, servants, and agents accept no responsibility nor will they be held liable for any claims, demands, losses, or actions which may be made or taken against them arising out of the advice, operation, or any other action related to the PAVE program.**

The consultant I/we have selected to provide the services under PAVE is:

First Name	Last Name	Telephone Number
Organization Name		Facsimile Number
Address		E-mail Address

7. The consultant I have selected meets all of the following criteria. The consultant:

- is a member in good standing of a recognized professional organization or has related post-secondary education and has completed a course on ethics and professionalism;
- has experience in preparing feasibility assessment or business plans; and
- has provided me with a minimum of two references from previous clients (names and telephone numbers) who can endorse past work of a similar nature.

**Be sure to attach to this form a copy of your consultant's résumé which should include details and documentation on all of the above, and the conflict of interest declaration signed by your consultant (please see Schedule B of the guide for the declaration form)**

### Section 4 - Project Information

8. Proposed value-added venture is:

- Start up
- Expansion of existing enterprise

9. Application is to prepare a:

- Feasibility Assessment
- Business Plan
- Follow-up Plan

If only a Feasibility Assessment is required at this time, check that box only: you may apply to do a Business Plan later. If only a Business Plan is required (i.e. a Feasibility Assessment to AAFC's satisfaction has already been completed, see How to Apply for Funding guide) check the Business Plan box only.

10. The type of value-added activity:

- agricultural products manufacturing (i.e. by adding value to primary products through mechanical manipulation including separation, grading, cleaning and packaging of product)
- food processing
- non-food processing
- other (specify) \_\_\_\_\_

11. Describe your value-added project.

12. List the sources and amounts of any other funding you are using to develop this plan (attach a separate sheet of paper if you need more space):

Source	Amount Requested (\$)	Amount Approved (\$)

**Section 5 - Declarations**

I/we certify that the information provided on this application is true and correct in every respect.

I/we authorize AAFC and its agents to use data relating to my/our farming operation to verify this application, and to inspect my/our farm operation and/or records as they pertain to the PAVE program.

I/we understand that the social insurance number (SIN), the business number (BN), and the goods and services tax number are collected under the authority of the Income Tax Act for the purpose of reporting income.

I/we authorize AAFC, the Minister of New Brunswick Agriculture, Fisheries and Aquaculture, and their agents (the "parties" or "party") to collect the information contained on or with this application, including but not limited to personal information. Any or all of these parties can use the information to verify or assess the application, as well as to administer, audit, analyze, and evaluate the Renewal programs that AAFC administers. Subject to the uses specifically authorized under this clause, the personal information provided will be protected under the applicable privacy legislation and access to information legislation.

I/we understand that failing to comply with all the application requirements may delay the processing of the application, or may render me/us ineligible for receiving assistance under the program.

I/we acknowledge that my/our completing this application form and AAFC providing advice does not oblige AAFC to provide funding. I/we further acknowledge and agree that, if AAFC approves this application for funding, I/we will enter into an agreement with AAFC setting out the terms and conditions for such funding.

**Section 6 - Signature(s) (All applicants are to sign this form)**

\_\_\_\_\_  
Name of Applicant (Please print)

\_\_\_\_\_  
Signature of applicant/authorized officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant (Please print)

\_\_\_\_\_  
Signature of applicant/authorized officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant (Please print)

\_\_\_\_\_  
Signature of applicant/authorized officer

\_\_\_\_\_  
Date

**Have you enclosed all required documents? With the form, you need to include the following documents:**

- A proposal from your consultant outlining the work to be done, including the elements of, the timing and the cost of the Feasibility Assessment and/or Business Plan(see How to Apply for Funding Guide);
- Your consultant's résumé which should include details and documentation of: professional certification, proof of completion of ethics and professional course, and references from previous clients;
- The conflict of interest declaration signed by your consultant (see Appenfix B of the *How to Apply for Funding* guide);
- Documents to demonstrate that you have \$10,000 in annual gross farm sales (See Section 2.1 of the How to Apply for Funding Guide);
- If you are a beginning farmer, documents to demonstrate that your new farm business will have annual gross farm sales of \$10,000 and over;
- If you intend to establish a farm business, proof of ownership or control of (owns/rents/leases) productive agricultural assets to generate farm income, and a farm budgetary forecast;
- If a Feasibility Assessment was previously completed outside of the PAVE program and your proposal is for the start-up of a value-added enterprise include a copy of the Feasibility Assessment.

**FOR ASSISTANCE IN COMPLETING THIS APPLICATION  
PLEASE CALL 1-866-452-5558  
(Between the hours of 8:00 a.m. and 4:30 p.m. Monday to Friday)**

**MAIL OR FAX YOUR COMPLETED, SIGNED APPLICATION TO**

Renewal Specialist  
New Brunswick Agriculture Fisheries and Aquaculture  
P.O. Box 6000  
Fredericton, New Brunswick  
E3B 5H1

Tel.: 506-444-4080  
Toll Free: 1-866-452-5558  
Fax: 506-453-7406

**FOR OFFICE USE ONLY**

Date Filed

File Number

**Section 7 - Group Applicants Information (Applicant 2)**

Applicant 2 - Please provide the following information for additional applicant in the group:

If the applicant is a proprietorship (individual(s)):

First name	Initial(s)	Last name	Social Insurance Number
First name	Initial(s)	Last name	Social Insurance Number

If the applicant is a partnership, corporation, co-operative, other association of persons:

Contact person for the organization:

Organization name \_\_\_\_\_

Names of partner(s) or shareholder(s): (attach separate page if necessary)

_____ (First name)	_____ (Last name)	_____ (First name)	_____ (Last name)
_____ (First name)	_____ (Last name)	_____ (First name)	_____ (Last name)

Address \_\_\_\_\_ Business/GST Number \_\_\_\_\_

Village/Town /City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_ E-mail Address \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ Alternate Telephone Number ( ) \_\_\_\_\_ Facsimile Number ( ) \_\_\_\_\_

Please check the principal commodity you produce (check one):

- |                                |  |   |   |
|--------------------------------|--|---|---|
| <input type="checkbox"/> Beef  | <input type="checkbox"/> Sheep           | <input type="checkbox"/> Other Poultry          | <input type="checkbox"/> Fruit              |
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Other Animals   | <input type="checkbox"/> Vegetable              | <input type="checkbox"/> Grain and Oilseeds |
| <input type="checkbox"/> Hog   | <input type="checkbox"/> Poultry and Egg | <input type="checkbox"/> Greenhouse and Nursery | <input type="checkbox"/> Other              |

Please see the section called "Who can participate in PAVE?" in the guide for details on eligibility requirements.

A) As an established producer, can you demonstrate that you generate a minimum of \$10,000 in annual gross farm sales?  Yes  No**OR**B) As the owner/operator of a new farm business (you have been in operation for less than 6 years), can you demonstrate that you will have \$10,000 in annual gross farm sales?  Yes  No**OR**C) If you intend to farm, can you demonstrate proof of ownership or control of (own/rent/lease) productive agricultural assets that will generate annual farm income of at least \$10,000 in annual gross farm sales?  Yes  No

Note: For group applications, members of the group receiving benefits have to meet the PAVE eligibility requirements. For each participant in the Group, please provide information in Section 7 - Group Applicant Information. For more information on group qualifications, please contact a Program Officer at 1-866-452-5558.

### Section 7 - Group Applicants Information (Applicant 3)

Applicant 3 - Please provide the following information for additional applicant in the group:

If the applicant is a proprietorship (individual(s)):

First name	Initial(s)	Last name	Social Insurance Number
First name	Initial(s)	Last name	Social Insurance Number

If the applicant is a partnership, corporation, co-operative, other association of persons:

Contact person for the organization:

Organization name \_\_\_\_\_

Names of partner(s) or shareholder(s): (attach separate page if necessary)

_____ (First name)	_____ (Last name)	_____ (First name)	_____ (Last name)
_____ (First name)	_____ (Last name)	_____ (First name)	_____ (Last name)

Address	Business/GST Number
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Village/Town /City	Province	Postal code	E-mail Address
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Telephone Number ( )	Alternate Telephone Number ( )	Facsimile Number ( )
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Please check the principal commodity you produce (check one):

- |                                |  |   |   |
|--------------------------------|--|---|---|
| <input type="checkbox"/> Beef  | <input type="checkbox"/> Sheep           | <input type="checkbox"/> Other Poultry          | <input type="checkbox"/> Fruit              |
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Other Animals   | <input type="checkbox"/> Vegetable              | <input type="checkbox"/> Grain and Oilseeds |
| <input type="checkbox"/> Hog   | <input type="checkbox"/> Poultry and Egg | <input type="checkbox"/> Greenhouse and Nursery | <input type="checkbox"/> Other              |

Please see the section called "Who can participate in PAVE?" in the guide for details on eligibility requirements.E

A) As an established producer, can you demonstrate that you generate a minimum of \$10,000 in annual gross farm sales?  Yes  No

**OR**

B) As the owner/operator of a new farm business (you have been in operation for less than 6 years), can you demonstrate that you will have \$10,000 in annual gross farm sales?  Yes  No

**OR**

C) If you intend to farm, can you demonstrate proof of ownership or control of (own/rent/lease) productive agricultural assets that will generate annual farm income of at least \$10,000 in annual gross farm sales?  Yes  No

Note: For group applications, members of the group receiving benefits have to meet the PAVE eligibility requirements. For each participant in the Group, please provide information in Section 7 - Group Applicant Information. For more information on group qualifications, please contact a Program Officer at 1-866-452-5558.