



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

	66-452-5558 b	etween 8:00 a.m. and 4:3	0 p.m., Monday to Fr	iday. 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	ation about the	previous funding:								
a File number										
b) Name and current telephone number o	f the individual	or organization to whom f	unding was given							
Name Telephone Number (Those who have previously received funding under PAVE do not need to complete questions 2 to 5, unless the information has changed.)										
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.										
Please provide the following information for	the Applicant:	:								
If the applicant is a proprietorship (individu										
First name	Initial(s)	Last name		Social Insurance Number						
First name	Initial(s)	Last name		Social Insurance Number						
If the applicant is a partnership, corporatio	<u> </u>	<u> </u>	ersons:	L Contact person for the organization:						
	,			,						
Organization name										
Names of partner(s) or shareholder(s): (attac	h separate pag	ge if necessary)								
(First name)	(Loot name)		First name)	(Lost name)						
(Filst name)	(Last name)	(1	First name)	(Last name)						
(First name)	(Last name)	(F	First name)	(Last name)						
Address	· · · · · · · · · · · · · · · · · · ·	·	,	Business/GST Number						
Village/Town /City	Province		Postal code	E-mail Address						
Telephone Number	Alternate Tele	ephone Number		Facsimile Number						
()	()			()						
4. Please check the principal commodity you	produce (check	k one):								
☐ Beef ☐ Sheep		Other Poultry		Fruit						
☐ Dairy ☐ Other Ar		☐ Vegetable		Grain and Oilseeds						
☐ Hog ☐ Poultry a	nd Egg	☐ Greenhouse and	d Nursery \square	Other						
Section 2 - Eligibility Information		(50)								
5. Please see the section called "Who can participate in PAVE?" in the guide for details on eligibility requirements.										
As an established producer, can yo gross farm sales?	u demonstrate	that you generate a minin	num of \$10,000 in anr	nual 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?										
OR C) If you intend to farm, can you demonstrate proof of ownership or control of (own/rent/lease) productive Yes No										
agricultural assets that will generate annual farm income of at least \$10,000 in annual gross farm sales?										
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.										



 Please see "Guidelines on selecting a consultar a consultant. 	nt," on selecting the n	nost suitable consultant. Please re	ad these guidelines carefully before	choosing
Note: AAFC's approval is not intended and is no consultant. The Minister of Agriculture and Agri-F officers, servants, and agents accept no responsi or taken against them arising out of the advice, o	ood Canada, the Mir bility nor will they be	nister of Newfoundland and Labra held liable for any claims, demai	ndor Department of Natural Resource nds, losses, or actions which may b	•
The consultant I/we have selected to provide the se	ervices 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 recognize completed a course on ethics and profession	ed professional organ nalism;	ization or has related post-second	ary education and has	
has experience in preparing feasibility asses	ssment or business pl	ans; and		
has provided me with a minimum of two refework of a similar nature.	erences from previous	s clients (names and telephone nu	mbers) who can endorse past	
Be sure to attach to this form a copy of your consconflict of interest declaration signed by your cor	sultant's résumé which resultant (please see S	ch should include details and doc Schedule B of the guide for the do	cumentation on all of the above, and eclaration form)	d the
Section 4 - Project Information				
Proposed value-added venture is: ☐ Start up ☐ Expansion of	existing enterprise			
9. Application is to prepare a:				
Feasibility Assessment Business Plan	n Follow-up) Plan		
If only a Feasibility Assessment is required at this ti (i.e. a Feasibility Assessment to AAFC's satisfaction	me, check that box or	nly: you may apply to do a Busines	ss Plan later. If only a Business Plan nding guide) check the Business Plan	is required n box only.
10. The type of value-added activity:				
agricultural products manufacturing (i.e. by a cleaning and packaging of product)	adding value to prima	ry products through mechanical m	anipulation including separation, grad	ding,
food processing				
non-food processing				
other (specify)				
11. Describe your value-added project.				
12. List the sources and amounts of any other fund	ing you are using to d	levelop this plan (attach a separate	e sheet of paper if you need more sp	ace):
Source		Amount Requested (\$)	Amount Approved (\$)	
			1	

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 Newfoundland and Labrador Department of Natural Resources, 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 Lynn Kendall Program Co-ordinator Newfoundland and Labrador Tel: 709-637-2647 Department of Natural Resources Toll Free: 1-866-452-5558 Herald Tower Fax: 709-637-2591 P.O. Box 2006 Corner Brook, NL A2H 6J8 FOR OFFICE USE ONLY Date Filed File Number

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on 7 - Group Applicant	s Intormat	ion (Appi	iicant 2)								
nt 2 - Please provide the follo	owing informa	ation for addi	itional appli	cant in the grou	p:						
oplicant is a proprietorship (in	ndividual(s)):										
me		Initial(s)	Last name				Social Insurance Number				
me		Initial(s)	Initial(s) Last name					Social Insurance Number			
oplicant is a partnership, corp	ooration, co-o	perative, oth	ner associat	tion of persons:		Contact p	erson for the	organization			
zation name					_						
of partner(s) or shareholder(s): (attach se	parate page	if necessa	ry)							
irst name)	(Las	t name)		(Firs	st name)		(Last r	name)			
irst name)	(Las	t name)		(Fire	st name)		(Last r	name)			
Address								Business/GST Number			
e/Town /City Province				Postal code			E-mail Address				
hone Number Alternate Telephone Number ()						Facs	Facsimile Number				
check the principal commodi	ty you produc	ce (check on	e):			•					
Reef [7 Sheen		Пс	Other Poultry		Fruit					
=	= '	nals		-			and Oilseeds	;			
	Poultry and	l Egg		-	Nursery	Other					
see the section called "Who	can participa	te in PAVE?	" in the guid	de for details on	eligibility require	ements.					
As an established producer farm sales?	r, can you der	monstrate th	nat you gend	erate a minimur	n of \$10,000 in a	annual gross	s □Yes	□No			
As the owner/operator of a demonstrate that you will h	new farm bus ave \$10,000	siness (you l in annual gro	have been oss farm sa	in operation for ales?	less than 6 year	rs), can you	Yes	□No			
							Yes	□No			
	ant 2 - Please provide the folke pplicant is a proprietorship (in time) are pplicant is a partnership, corporation name of partner(s) or shareholder(sirst name) are provided in the principal commodition of partner(s) or shareholder(sirst name) are principal commodition of partner(s) or shareholder(sirst name) are principal commodition of pairtner(s) or shareholder(sirst name) are principal commodition of pairtner(s) or shareholder(sirst name) are principal commodition of pairtner(s) are principal commodition or shareholder(sirst name) are principal commodi	irst name) Check the principal commodity you product the policy many see the section called "Who can participal Poultry and See the section called "Who can participal As an established producer, can you defarm sales? As the owner/operator of a new farm but demonstrate that you will have \$10,000 of If you intend to farm, can you demonstrate agricultural assets that will generate and For group applications, members of the gelease provide information in Section 7 -	int 2 - Please provide the following information for add pplicant is a proprietorship (individual(s)): Imme	poplicant is a proprietorship (individual(s)): Imme	Int 2 - Please provide the following information for additional applicant in the groupplicant is a proprietorship (individual(s)): Ime	Int 2 - Please provide the following information for additional applicant in the group: pplicant is a proprietorship (individual(s)): Ime	Initial(s) Last name Initial(s) Last name	Int 2 - Please provide the following information for additional applicant in the group: pplicant is a proprietorship (individual(s)): Ime	nt 2 - Please provide the following information for additional applicant in the group: pplicant is a proprietorship (individual(s)): Initial(s) Last name Social Insurance Number Initial(s) Last name Social Insurance Number Contact person for the organization: tation name of partner(s) or shareholder(s): (attach separate page if necessary) Irist name) (Last name) Social Insurance Number Contact person for the organization: (Alternate Telephone Number (First name) (Last name) (Last name) (Last name) Town /City Province Postal code E-mail Address one Number Alternate Telephone Number () check the principal commodity you produce (check one): Beef Sheep Other Pouttry Fruit Dairy Other Animals Hog Poultry and Egg Greenhouse and Nursery Other See the section called "Who can participate in PAVE?" in the guide for details on eligibility requirements. As an established producer, can you demonstrate that you generate a minimum of \$10,000 in annual gross Yes No demonstrate that you will have \$10,000 in annual gross farm sales? As the owner/operator of a new farm business (you have been in operation for less than 6 years), can you Yes No demonstrate that you will have \$10,000 in annual gross farm sales? If you intend to farm, can you demonstrate proof of ownership or control of (own/rent/lease) productive Yes No agricultural assets that will generate annual farm income of at least \$10,000 in annual gross farm sales? For group applications, members of the group receiving benefits have to meet the PAVE eligibility requirements. For each participant please provide information in Section 7 - Group Applications, please contect a		

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Section 7 - Grou	ip Applicant	s intorma	ition (Appi	icant 3	3)						
Applicant 3 - Please	provide the follo	owing inform	ation for add	itional a _l	pplicant in the grou	p:					
If the applicant is a p	roprietorship (in	dividual(s)):	:								
First name			Initial(s)	Last name				Social Insurance Number			
First name			Initial(s)	nitial(s) Last name					Social Insurance Number		
If the applicant is a p	artnership, corp	oration, co-	operative, oth	ner asso	ciation of persons:		Contact p	erson for the	organization		
Organization name						_					
Names of partner(s)	or shareholder(s	s): (attach s	eparate page	if neces	ssary)						
(First name)		(La:	st name)		(Firs	st name)		(Last n	ame)		
(First name)		(La	st name)		(Firs	st name)		(Last n	ame)		
Address								Business/GST Number			
Village/Town /City			Province		Postal code			E-mail Address			
Telephone Number ()	ohone Number Alternate Telephone Number ()						Facs	Facsimile Number			
Please check the pri	ncipal commodit	ty you produ	ıce (check on	e):							
Beef	Г	Sheep		Г	Other Poultry		Fruit				
Dairy		Other Anii	mals	Ė	Vegetable		_	and Oilseeds			
Hog		Poultry an	nd Egg		Greenhouse and	l Nursery	Other				
Please see the secti	on called "Who	can participa	ate in PAVE?	" in the	guide for details or	eligibility require	ements.E				
A) As an estal farm sales?		r, can you de	emonstrate th	nat you g	generate a minimur	m of \$10,000 in a	annual gross	s ☐ Yes	□No		
OR											
demonstrat	er/operator of a e that you will ha	new farm boave \$10,000	usiness (you) in annual gr	have be oss farm	een in operation for n sales?	less than 6 year	s), can you	Yes	□No		
C) If you inten	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?										
please prov					efits have to meet to meet to formation. For more						

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