



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									
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									
No. 10 Page 1									
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 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		:							
If the applicant is a proprietorship (individ	lual(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, corporati	on, co-operative	<u> </u>	sons:	Contac	I ct person for the organization:				
Organization name									
Names of partner(s) or shareholder(s): (atta	ch separate paç	ge if necessary)							
(First name)	(Last name)		irst name)		(Last name)				
,	,	`	,		, , ,				
(First name)	(Last name)		irst name)		(Last name)				
Address	(Last Harris)	(.	not riamo)	Bus	iness/GST Number				
Village/Town /City	age/Town /City Province Postal code								
Telephone Number	elephone Number Alternate Telephone Number								
()	()			()				
4. Please check the principal commodity you	produce (check	· —	г	¬					
Beef Sheep	nimale	Other Poultry	L T	Fruit □ Grain	Grain and Oilseeds				
│									
Section 2 - Eligibility Information	33								
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 Yes No									
gross farm sales? OR B) As the owner/operator of a new farm business (you have been in operation for less than 6 years), can Yes No									
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 m	nost suitable consultant. Please re	ad these guidelines carefully before	choosing
Note: AAFC's approval is not intended and is not consultant. The Minister of Agriculture and Agri-F officers, servants, and agents accept no responsil or taken against them arising out of the advice, or	ood Canada, the Min bility nor will they be	ister of Northwest Territories Ind held liable for any claims, dema	dustry, Tourism and Investment, th nds, losses, or actions which may	
The consultant I/we have selected to provide the se	rvices under PAVE is	:		
First Name	Last Name		Telephone Number	
Organization Name	<u> </u>		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 organi nalism;	zation or has related post-second	lary education and has	
has experience in preparing feasibility asses	sment or business pla	ans; and		
has provided me with a minimum of two refework of a similar nature.	erences from previous	clients (names and telephone nu	mbers) who can endorse past	
Be sure to attach to this form a copy of your cons conflict of interest declaration signed by your con	ultant's résumé whic sultant (please see S	th should include details and doo schedule B of the guide for the d	cumentation on all of the above, an eclaration form)	d the
Section 4 - Project Information				
8. Proposed value-added venture is:				
Start up Expansion of	existing enterprise			
Application is to prepare a:				
Feasibility Assessment Business Plar	n Follow-up	Plan		
If only a Feasibility Assessment is required at this tir (i.e. a Feasibility Assessment to AAFC's satisfaction				
10. The type of value-added activity:				
agricultural products manufacturing (i.e. by a cleaning and packaging of product)	adding value to primar	y products through mechanical m	anipulation including separation, gra	ading,
food processing				
non-food processing				
other (specify)				
11. Describe your value-added project.				
12. List the sources and amounts of any other fundi	ng you are using to de	evelop this plan (attach a separate	e sheet of paper if you need more sp	pace):
Source	T	Amount Requested (\$)	Amount Approved (\$)	7
Source		Amount Nequested (\$)	Amount Approved (a)	4
				_
L			1	_

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 Northwest Territories Industry, Tourism and Investment, 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 CFBAS (Northwest Territories) Tel: 780-495-3212 Suite 810 Toll Free: 1-866-452-5558 10123-99th Street Fax: 780-495-3971 Edmonton, Alberta T5J 3H1 FOR OFFICE USE ONLY Date Filed File Number

Section 5 - Declarations

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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)	ial(s) Last name Social Insurance Num					ance Number	r	
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)						
(First name) (Last name) (Last name)										
irst name)	(Las	t name)		(Fire	st name)		(Last r	name)		
dress							Business/GST Number			
Town /City	wn /City Province				Postal code	E-m	-mail Address			
one Number		Facs	Facsimile Number							
check the principal commodi	ty you produc	ce (check on	e):			•				
Reef \(\sum_{\text{N}} \)	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 r	name			Social Insurance Number			
First name			Initial(s)	ial(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) (Last name) (East name) (Last name)											
(First name)		(La	st name)		(Firs	st name)		(Last n	ame)		
Address	ldress							Business/GST Number			
Village/Town /City	own /City Province					Postal code	E-m	E-mail Address			
Telephone Number ()	hone 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		
					nip or control of (ow at least \$10,000 in			Yes	□No		
please prov					efits have to meet to meet to formation. For more						

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