



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

	00-432-3336 D	etween 8:00 a.m. and 4:3	o p.m., wonday to r	riday.	Flotected B - Fersonal Illionnation			
Section 1 - Applicant Information								
Have you received funding under PAVE in	the past?	∐ Yes	L No					
If yes, please provide the following information 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 u	nder PAVE do	not need to complete que	stions 2 to 5, unless	s the info	ormation 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	n, co-operative	e, other association of pe	rsons:	Contac	et person for the organization:			
Organization name								
Names of partner(s) or shareholder(s): (attac	h separate pag	ge if necessary)						
(First name)	(Last name)	(F	First name)		(Last name)			
(First name)	(Last name)	(F	First name)		(Last name)			
Address				Bus	iness/GST Number			
NOW AT 10%			In		7.0.11			
Village/Town /City	Province		Postal code		E-mail Address			
Talanhana Number	Altarnata Tala	anhana Numbar		Fac	accimile Number			
Telephone Number	Alternate Tele	ephone Number		Fac	Facsimile Number			
Please check the principal commodity you	oroduoo (obook	(ana):		1 (
	produce (criecr	· —	Г	Fruit				
	Beef Sheep Other Poultry				Grain and Oilseeds			
	□ Dairy □ Other Animals □ Vegetable □ Hog □ Poultry and Egg □ Greenhouse and Nursery				Other			
	па Едд	☐ Greenhouse and	i Nuisery _	1 Other				
Section 2 - Eligibility Information								
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 minim	num of \$10,000 in a	nnual	☐ Yes ☐ No			
OR					☐ Yes ☐ No			
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 mo	ost suitable consultant. Please re	ad these guidelines carefully before o	choosing				
Note: AAFC's approval is not intended and is no consultant. The Minister of Agriculture and Agri-Faccept no responsibility nor will they be held liable out of the advice, operation, or any other action re-	ood Canada, Ontario e for any claims, dem	Ministry of Agriculture and Food ands, losses, or actions which n	d, their officers, servants, and agen					
ne 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 o	consultant:						
is a member in good standing of a recognize completed a course on ethics and profession	ed professional organiz nalism;	ration or has related post-second	ary education and has					
has experience in preparing feasibility asses	sment or business pla	ns; 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 cor	ultant's résumé which sultant (please see So	n should include details and doc chedule B of the guide for the de	umentation on all of the above, and eclaration form)	the				
Section 4 - Project Information								
8. Proposed value-added venture is:								
	existing enterprise							
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 only n has already been con	y: you may apply to do a Busines npleted, see How to Apply for Fur	ss Plan later. If only a Business Plan nding guide) check the Business Plar	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 primary	products through mechanical ma	anipulation including separation, grad	ling,				
food processing								
non-food processing	non-food processing							
other (specify)	other (specify)							
11. Describe your value-added project.								
12. List the sources and amounts of any other fund	ng you are using to de	velop this plan (attach a separate	e sheet of paper if you need more spa	ace):				
Source	Γ	Amount Requested (\$)	Amount Approved (\$)					
		11.13.12.(+)	11, 1122 (4)					
	•		•					

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, Ontario Ministry of Agriculture and Food, 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 (Ontario) Tel: 519-763-8135 Canadian Agri-Renewal Services Toll Free: 1-866-452-5558 174 Stone Road West Fax: 519-836-3213 Guelph, Ontario N1G 4T1 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 nam	Last name			Social Insurance Number		
me		Initial(s)	Last nam	ie			Social Insur	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) (East name) (Last name)						name)			
irst name)	(Las	t name)		(Fire	st name)				
S						Busi	iness/GST N	umber	
Town /City	F	Province			Postal code	E-m	ail Address		
one Number	Α (Alternate Telephone 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.			
A) As an established producer, can you demonstrate that you generate a minimum of \$10,000 in annual gross Yes No farm sales?									
B) As the owner/operator of a new farm business (you have been in operation for less than 6 years), can you Yes									
							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.									
	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 - Group Applicants In	formation (Appl	icant 3)							
Applicant 3 - Please provide the following	g information for addi	tional applicant in the grou	ıp:						
If the applicant is a proprietorship (individual(s)):									
First name	Initial(s)	Last name		Social Insurance	Social Insurance Number				
First name	Initial(s)	Last name		Social Insurance	Number				
If the applicant is a partnership, corporat	ion, co-operative, oth	er association of persons	: Coi	ntact person for the orga	nization:				
Organization name									
Names of partner(s) or shareholder(s): (attach separate page if necessary)									
(First name)	(Last name)	(Fir	st name)	(Last name)					
(First name)	(Last name)	(Fir	st name)	(Last name)					
A.1.1				To : (00TN)					
Address				Business/GST Numbe	r				
Village/Town /City	Province		Postal code	E-mail Address					
Telephone Number	Alternate Tele	ephone Number		Facsimile Number					
Please check the principal commodity yo	u produce (check one	e):		()					
				En. d					
	neep :her Animals	☐ Other Poultry ☐ Vegetable	=	Fruit Grain and Oilseeds					
	oultry and Egg	Greenhouse and	d Nursery	Other					
Please see the section called "Who can	participate in PAVE?'	' in the guide for details or	n eligibility requiremen	ts.E					
Trodes doe the decien cance. The can	participate in 17112.	in the galacter details of	r onglomity roquironion						
A) As an established producer, can you demonstrate that you generate a minimum of \$10,000 in annual gross Yes No farm sales?									
OR B) 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?									
OR	φτο,σσο πι αιπιααι gre	oco ramii calco.							
If you intend to farm, can you do agricultural assets that will generate.					No				
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