



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. Protect

Protected B - Personal Information

Section 1 - Applicant Information									
1. Have you received funding under PAVE in the past?									
If yes, please provide the following information about the previous funding:									
а	File number							_	
b)	Name and current telephon	e number of t	he individual	or orga	nization to whom f	unding was gi	ven		
_				_					
(Those	Name	d funding un		n of n o	Telephone		unloco the in	formation has	abanaad)
-	who have previously receive lication Type (check one)	-			n individual, please			formation has c	changed.)
	Single Group	► If y	ou are applyir	ng as a	group, please prov the additional appli	vide the numb	er of produce		
3. Plea	ase provide the following inf	ormation for t	ne Applicant:						
	applicant is a proprietorsh	ip (individua	1						
First	name		Initial(s)	Last r	name			Social Insura	ance Number
First	name		Initial(s)	Last r	name			Social Insura	ance Number
If the	applicant is a partnership,	corporation,	l co-operative	l e, other	association of pe	rsons:	Conta	Inct person for th	ne organization:
0	·								
Orgar	nization name								
Name	s of partner(s) or sharehold	er(s): (attach	separate pao	e if neo	cessarv)				
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
-	(First name)	(L	ast name)		(F	First name)		(Last	t name)
		(1						(1 1	
Address	(First name)	(L	.ast name)		()	First name)	Bu	Last siness/GST Nu	t name)
Autres	5							311633/001 140	inibei
Village/	Town /City	F	Province			Postal code	E-I	mail Address	
Telepho	Telephone Number Facsimile Number						r		
()		()				()	
	ase check the principal com	_	oduce (check	one):	-		<u> </u>		
	Beef	_ Sheep	! .	Ļ	Other Poultry		Fruit		
	Dairy [Hog [☐ Other Anin ☐ Poultry and			Greenhouse and	Nurserv	Othe	n and Oilseeds r	
	n 2 - Eligibility Inform		<u> </u>			Nulsely		1	
			cipate in PAV	/E?" in	the guide for detail	s on eligibility	requirements	S.	
5. Please see the section called "Who can participate in PAVE?" in the guide for details on eligibility requirements.									
	A) As an established produ gross farm sales?	icer, can you	demonstrate	that yo	u generate a minim	um of \$10,00	0 in annual	Yes	No
OR									
OR									
	C) If you intend to farm, ca agricultural assets that		•		•		<i>,</i> .		No
Note:	For group applications, mer please provide information Officer at 1-866-452-5558.								





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 Saskatchewan Agriculture and Food, their officers, servants, and	Section 3 - Consultant Selection							
Note: AAPC'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 Saskatchewan Agriculture and Food, their officers, servants, and agents accept no responsibility nor will thely be held liable for any clinits, 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 live have selected to provide the services under PAVE is:	6. Please see "Guidelines on selecting a consultant," on selecting the most suitable consultant. Please read these guidelines carefully before choosing							
consultant. The Minister of Agriculture and Agri-Food Canada, the Minister of Saskatchewan Agriculture and Food, 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 artising out of the advice, operation, or any other action related to the PAVE program. The consultant live have selected to provide the services under PAVE is: First Name Corganization Name Facsimile Number Address E-mail Address E-mail Address E-mail Address E-mail Address E-mail Address First provide the services under PAVE is: First norme Address E-mail Address E-mail Address E-mail Address E-mail Address E-mail Address Completed a course on efficies and professional organization or has related post-secondary education and has completed a course on efficies and professionalism: awdr of a similar nature. Be sure to attach to this form a copy of your consultant's resume which should include details and documentation on all of the above, and the conflict of instructure documentation Section 4 : Project Information formation of exception of existing enterprise Application is to prepare a: Application is to pr	a consultant.	a consultant.						
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:	consultant. The Minister of Agriculture and Agri-Food Canada, the Minister of Saskatchewan Agriculture and Food, 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							
Organization Name Facsimile Number Address E-mail Address 7. The consultant I have selected meets all of the following criteria. The consultant:	The consultant I/we have selected to provide the services under PAVE is:							
Address E-mail Address Address E-mail Address 7. The consultant I have selected meets all of the following criteria. The consultant:	First Name	Last Name		Telephone Number				
Address E-mail Address Address E-mail Address 7. The consultant I have selected meets all of the following criteria. The consultant:								
7. The consultant I have selected meets all of the following criteria. The consultant: 7. The consultant I have selected meets all of the following criteria. The consultant: Completed a course on ehics and professionalism; Chas experience in preparing feasibility assessment or business plans; and Chas experience in preparing feasibility assessment or business plans; and Chas 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 is lighted by your consultant (please see Schedule B of the guide for the declaration form) Section 4 - Project Information 8. Proposed value-added venture is: Class the public attach to be prepare a: Class the public attach is to prepare a: Class the public attach is to prepare a: Class the public attach is to prepare a: Class the public of the declaration form) Section 4 - Project Information 8. Application is to prepare a: Class the public attach 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 if the state activity: Classified of the declaration including separation, grading, cleaning and packaging of product) Classified of processing Inon-food processing	Organization Name			Facsimile Number				
7. The consultant I have selected meets all of the following criteria. The consultant: 7. The consultant I have selected meets all of the following criteria. The consultant: Completed a course on ehics and professionalism; Chas experience in preparing feasibility assessment or business plans; and Chas experience in preparing feasibility assessment or business plans; and Chas 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 is lighted by your consultant (please see Schedule B of the guide for the declaration form) Section 4 - Project Information 8. Proposed value-added venture is: Class the public attach to be prepare a: Class the public attach is to prepare a: Class the public attach is to prepare a: Class the public attach is to prepare a: Class the public of the declaration form) Section 4 - Project Information 8. Application is to prepare a: Class the public attach 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 if the state activity: Classified of the declaration including separation, grading, cleaning and packaging of product) Classified of processing Inon-food processing								
Image: Section 4 - Project Information 8. Proposed value-added venture is: Image: Start up Image: Start up 9. Application is to prepare a: Image: Start up Image: Start up 9. Application is to prepare a: Image: Start up Image: Start up 9. Application is to prepare a: Image: Start up Image: Start up 9. Application is to prepare a: Image: Start up Image: Start up 9. Application is to prepare a: Image: Start up Image: Start up 10. The type of value-added activity: Image: Start up Image: Start up 10. The type of value-added activity: Image: Start up Image: Start up 10. The type of value-added activity: Image: Start up Image: Start up 10. The type of value-added activity: Image: Start up Image: Start up 10. The type of value-added activity: Image: Start up Image: Start up 10. The type of value-added activity: Image: Start up Start up	Address			E-mail Address				
Image: Section 4 - Project Information 8. Proposed value-added venture is: Image: Start up Image: Start up 9. Application is to prepare a: Image: Start up Image: Start up 9. Application is to prepare a: Image: Start up Image: Start up 9. Application is to prepare a: Image: Start up Image: Start up 9. Application is to prepare a: Image: Start up Image: Start up 9. Application is to prepare a: Image: Start up Image: Start up 10. The type of value-added activity: Image: Start up Image: Start up 10. The type of value-added activity: Image: Start up Image: Start up 10. The type of value-added activity: Image: Start up Image: Start up 10. The type of value-added activity: Image: Start up Image: Start up 10. The type of value-added activity: Image: Start up Image: Start up 10. The type of value-added activity: Image: Start up Start up								
Image: Section 4 - Project Information 8. Proposed value-added venture is: Image: Start up Image: Start up 9. Application is to prepare a: Image: Start up Image: Start up 9. Application is to prepare a: Image: Start up Image: Start up 9. Application is to prepare a: Image: Start up Image: Start up 9. Application is to prepare a: Image: Start up Image: Start up 9. Application is to prepare a: Image: Start up Image: Start up 10. The type of value-added activity: Image: Start up Image: Start up 10. The type of value-added activity: Image: Start up Image: Start up 10. The type of value-added activity: Image: Start up Image: Start up 10. The type of value-added activity: Image: Start up Image: Start up 10. The type of value-added activity: Image: Start up Image: Start up 10. The type of value-added activity: Image: Start up Start up								
Image: has experience in preparing feasibility assessment or business plans; and Image: 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. Besure 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: Image: Image	7. The consultant I have selected meets all of the	following criteria. The	e consultant:	I				
Image experience in preparing feasibility assessment or business plans; and Image provided me with a minimum of two references from previous clients (names and telephone numbers) who can endorse past work of a similar nature. Besure 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: Image by a start up Image by a start of existing enterprise 9. Application is to prepare a: Image by a start of the sessment 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 a clivity: Image agricultural products manufacturing (i.e. by adding value to primary products through mechanical manipulation including separation, grading, cleaning and packaging of product) If out processing Inon-food processing Image of product) Inon-food processing Image of product) Inon-food processing Image of product) Inon-food processing Image of 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): Its 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):	☐ is a member in good standing of a recognize completed a course on ethics and profession	ed professional organ	ization or has related post-second	dary education and has				
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 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, see How to Apply for Funding guide) check the Business Plan box or 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 onther (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):								
Section 4 - Project Information 8. Proposed value-added venture is: Start up Expansion of existing enterprise 9. Application is to prepare a:	has provided me with a minimum of two refe work of a similar nature.	rences from previous	s clients (names and telephone nu	umbers) who can endorse past				
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 or 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 ont-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):	Be sure to attach to this form a copy of your cons conflict of interest declaration signed by your con							
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 or 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 ont-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):	Section 4 - Project Information							
 Application is to prepare a:				<u>.</u>				
Image: the transmitted of the service of the servi	Start up Expansion of existing enterprise							
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, a Feasibility Assessment to AAFC's satisfaction has already been completed, see How to Apply for Funding guide) check the Business Plan box or 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 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):	9. Application is to prepare a:							
(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 or 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 onn-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):	Feasibility Assessment Business Plar	າ 🗌 Follow-up	Plan					
Image: Construction of the second								
cleaning and packaging of product) Image: Cleaning and packaging of product) 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):	10. The type of value-added activity:							
Image: Instruction of 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):	agricultural products manufacturing (i.e. by a	adding value to prima	ry products through mechanical m	nanipulation including separation, grading,				
Image: Income of the specify Image: Imag								
 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): 								
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):								
	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 (\$)								
	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 Saskatchewan 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 (Ple	Date								
Name of Applicant (DI		Signature of applicant/outborized officer	Data						
Name of Applicant (Please print)Signature of applicant/authorized officerDate									
Name of Applicant (Please print) Signature of applicant/authorized officer Date									
		form, you need to include the following documents:							
A proposal from your cons and/or Business Plan(see	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 <i>How to Apply for Funding</i> guide);									
Documents to demonstrate	e that you have \$10,00	10 in annual gross farm sales (See Section 2.1 of the How to A	opply for Funding Guide);						
☐ If you are a beginning farm	er, documents to dem	onstrate that your new farm business will have annual gross fa	arm sales of \$10,000 and over;						
☐ If you intend to establish a income, and a farm budge	farm business, proof o tary forecast;	of ownership or control of (owns/rents/leases) productive agric	cultural assets to generate farm						
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 o	of the Feasibility Asses	sment.							
	FOR ASSIST	TANCE 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 (Saskatchewan) Tel: (306) 780-5594/1 866 452-5558									
Canadian Agri-Renewal Services Fax: (306) 780-7353 1800 Hamilton Street, Room 401									
Regina, Saskatchewan S4P 4K7									
Data Ella I		FOR OFFICE USE ONLY							
Date Filed	File Number								
			Page 3						

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	ne Initial(s) Last name			Social Insurance Number					
First name	Initial(s)	Last name		Social Insurance Num	ber				
If the applicant is a partnership, corporation, co	o-operative, oth	L ner association of persons	s: C	ontact person for the organizati	on:				
Organization name									
Names of partner(s) or shareholder(s): (attach	separate page	if necessary)							
(First name) (L	ast name)	(Fi	rst name)	(Last name)					
(First name) (L	ast name)	(Fi	rst name)	(Last name)					
Address				Business/GST Number					
Village/Town /City	Province		Postal code	E-mail Address					
Telephone Number	Alternate Tele	ephone Number		Facsimile Number					
()		•);		()					
Please check the principal commodity you proc			_	_					
Beef Sheep	nimals	Other Poultry		Fruit Grain and Oilseeds					
Hog Poultry a		Greenhouse ar	d Nursery] Other					
		With the second day from the failure							
Please see the section called "Who can partici	pate in PAVE?	" In the guide for details of	on eligibility requireme	ents.					
A) As an established producer, can you farm sales?	demonstrate th	at you generate a minimu	um of \$10,000 in ann	ual gross 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 Yes No demonstrate that you will have \$10,000 in annual gross farm sales?									
C) If you intend to farm, can you demons	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.									

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	ne Initial(s) Last name			S	Social Insurance Number				
First name	Initial(s)	Last name		S	ocial Insurance	Number			
If the applicant is a partnership, corporation, co	o-operative, oth	Iner association of person	s: (Contact pers	son for the orga	anization:			
Organization name									
Names of partner(s) or shareholder(s): (attach separate page if necessary)									
(First name) (L	ast name)	(F	rst name)		(Last name	:)			
(First name) (L	ast name)	(F	rst name)		(Last name	2)			
Address				Busine	ss/GST Numb	er			
Village/Town /City	Province		Postal code	E-mail	Address				
Telephone Number	Alternate Tel	ephone Number		Facsim	nile Number				
()				())				
Please check the principal commodity you pro	auce (cneck on		_						
Beef Sheep	nimals	Other Poultry	Ĺ	Fruit Grain and	d Oilseeds				
Hog Poultry a		Greenhouse ar	nd Nursery	Other					
		With the second state from state to the							
Please see the section called "Who can partici	pate in PAVE?	" In the guide for details of	on eligibility requirem	ents.E					
A) As an established producer, can you farm sales?	demonstrate th	at you generate a minim	um of \$10,000 in ann	nual gross	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 Yes No demonstrate that you will have \$10,000 in annual gross farm sales?									
C) If you intend to farm, can you demons	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.									