

OTHER BUSINESS – Education, Training, Assessment and Planning (Animal Health) (AHED-OA-B) Application Form

# PART 1: PROJECT CATEGORY DESCRIPTION

FOR PROJECTS FOCUSED ON FIRST-TIME ACTIVITIES TO IMPROVE ANIMAL HEALTH AND WELFARE.

#### WHO SHOULD APPLY?

Commingling facilities, including assembly yards, sales barns, auction markets, fairs and exhibitions, community pastures, trucking rest stations, transporters and veterinary clinics, that are planning first-time activities to receive education or training, or to complete operational assessments and plans, with a qualified third party.

#### TO APPLY YOU MUST:

Read, understand and agree to abide by all requirements set out in the
 <u>Program Guidelines</u>, as well as all requirements given in this Project Category
 Description

#### THESE ACTIVITIES AND EXPENDITURES ARE ELIGIBLE:

This Project Category is for first time activities:

- Education and training from a third-party institution or consultant on topics related
  to the adoption of the national biosecurity standards, a commodity-specific risk
  management program, or animal welfare practices and procedures related to
  national Codes of Practice for the care and handling of farm animals
- Operational assessments, conducted by a qualified third party such as a licensed veterinarian or certified animal welfare auditor, against:
  - National biosecurity standards, or practices and procedures
  - Commodity-specific risk management program
  - National Codes of Practice for the care and handling of farm animals
  - National commodity-specific farm animal care program
  - Market-driven animal welfare program (e.g., North American Meat Institute Audit)

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 Qualified third-party services to provide an initial operational plan (e.g., disease response plan, operation specific procedures, nutrient management plan or strategy)

#### THESE ACTIVITIES AND EXPENDITURES ARE NOT ELIGIBLE:

- Projects that support animals of non-agricultural significance
- Professional services not directly related to the eligible activity
- Repeat services for the same operation or premises
- Travel and meal costs
- In-kind contributions
- Ineligible activities and expenditures as detailed in the Program Guidelines

#### **AVAILABLE COST-SHARE:**

• 50 per cent, up to a maximum of \$5,000

#### YOU MUST SUBMIT THIS REQUIRED DOCUMENTATION WITH YOUR APPLICATION:

 Quote and/or proof of cost to support cost of education, training, planning or assessment activity

#### THIS MERIT ASSESSMENT CRITERIA WILL BE USED TO EVALUATE YOUR APPLICATION:

- Identified level of risk, with priority given to high-moderate risk operations, or proposals that will have greatest impact based on risk of introduction or spread of disease
- Impact on economic growth



# **PART 2: APPLICATION FORM**

# Before you start

This form must be filled out using Adobe Acrobat Reader.

In order to ensure that your application is filled out accurately and completely, you must use Adobe Acrobat Reader to fill out this form.

Although your form may *appear* to be filled out correctly when using non-Adobe software, Adobe Acrobat Reader is the only software that will properly retain your form details.

Non-Adobe software such as Microsoft Office products and internet web browsers (i.e. Google Chrome, Firefox, Internet Explorer, EDGE, and Safari) as well as scanned applications are NOT supported. All mobile devices including iphones, androids, ipads and MAC computers are also NOT compatible.

Applicants that do not complete this form in Adobe Acrobat Reader will be required to resubmit their application using Adobe Acrobat Reader.

#### TO COMPLETE THIS FORM:

- 1. Download a free version of Adobe Acrobat Reader if you do not already have it installed on your computer. <a href="https://get.adobe.com/reader/">https://get.adobe.com/reader/</a>
- 2. Save this form to your computer <u>before</u> you begin filling it out.
  - File > Save As > [give the file a name] > Save.
  - Do NOT fill out this form in your internet browser window.
- 3. Open the file from your computer.
  - Make sure that the file is opening in the Adobe Acrobat Reader.
  - You can work on completing the form at any time. Remember to save your file along the way.
  - Once complete, save the file.
- 4. Email the Adobe-completed PDF form as an attachment to AgPartnership@ontario.ca.
  - Do not send your document using Adobe Cloud.
  - You will receive a file number once your form has been processed.
  - Once the form has been reviewed and a decision has been made you will be notified by email.



#### **PART 2: APPLICATION FORM**

OTHER BUSINESS – Education, Training, Assessment and Planning (Animal Health) (AHED-OA-B)

#### **Step 1: Applicant Information**

First Name Last Name

Operating Name of Business/Organization (Name under which the business operates)

Legal Name of Business/Organization (Complete name business is registered under)

Same as Operating Name or:

Business Mailing Address City/Town

Municipality Province Postal Code

**ONTARIO** 

Business Email Address Primary Phone

# **Step 2: Project Contact and Location**

Check if same as above.

First Name Last Name

Address (Line 1) Primary Phone

Address (Line 2) Email Address

City/Town Province Postal Code Municipality

**ONTARIO** 

#### 2.1 Premises Identification (PID) Number for the Project Location

O N OR PID Number for the Project Location has been requested but not yet obtained

To obtain a valid premises ID or update your premises ID information, please visit <a href="https://www.ontariopid.com/en-CA/">https://www.ontariopid.com/en-CA/</a> or call 1-888-247-4999

#### 2.2 My business/organization is certified organic

Yes No In transition towards organic

#### 2.3 Gross Business Revenue

Under \$10,000	\$10,000 - \$24,999	\$25,000 - \$49,999	\$50,000 - \$99,999
\$100,000 - \$249,999	\$250,000 - \$499,999	\$500,000 - \$999,999	\$1M - \$1.99M
\$2M - \$4.99M	\$5M - \$9.99M	\$10M - \$49.99M	\$50M - \$99.99M
\$100M - \$199M	\$200M and over	Not-for-profit	

## 2.4 Indigenous Partners/Community

Yes No

## 2.5 Ownership Structure

Sole Proprietorship	Registered Professional Partnership	Incorporated Business
Cooperative	Community or Other Not-for-Profit	Broader Public Sector

### 2.6 Business Number – Canada Revenue Agency Client Number

The Business number is a 9-digit business identifier used in Canada to which clients can register program accounts with the Canada Revenue Agency (CRA). The program account number consists of three parts: The Business Number, the two-letter program identifier, and the four-digit reference number.

www.cra-arc.gc.ca/tx/bsnss/tpcs/bn-ne/wrks-eng.html

RC	0	0	0		OR	I/we confirm I/we do not have a CRA number
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# 2.7 Number of Employees

Number of Employees at the Project Location	Number
Full-time (30 hours or more/week)	
Part-time (less than 30 hours/week)	
Temporary/Seasonal	







# **Step 3: Describe Your Business and Products** (50 words maximum)

**Step 4: Project Title** (10 words maximum)

# **Step 5: Project Description**

5.1 Describe what you are doing and why. Provide the challenges, issues and/or opportunities addressed by the project. (500 words maximum)



**5.2** Describe the overall impacts you hope to achieve by completing this project. (500 words maximum)

# Step 6: Resources and Skills

Describe the personnel (including third-party organizations if applicable) and skills you will use to complete this project. (100 words maximum)

Step 7: Work Plan and Eligible Costs

7.1 List each activity necessary to successfully complete the project. Itemize costs to complete activity or purchases (in Canadian dollars; include quotes, estimates, etc.) Only eligible costs incurred and paid after the approval of the project will be considered. Attach additional sheets if necessary.

Proposed Project Start Date (YYYY/MM/DD): Proposed Project End Date (YYYY/MM/DD):

(no later than September 30, 2022)

7.2 Activity/Key Milesto	one	
	Activity/Key Milestone	Estimated Completion Date (YYYY/MM/DD)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

# 7.3 Eligible Costs Eligible Costs

Eligible Costs Only	Jan-Mar 2021	Apr-Jun 2021	Jul-Sep 2021	Oct-Dec 2021	Jan-Mar 2022	Apr-June 2022	July-Sep 2022	Sub-Total
TOTAL COST								
Line A: Total Eligible Costs (from the above)								
Line B: Per Cent Cost-Share (enter percentage based on project category)					%			
Line C: Calculate Cost-Share Funding (Line A x Line B)								
Line D: Cost-Shar	Line D: Cost-Share Cap (\$ amount based on project category)							
Line E: Maximum Cost-Share Funding (i.e. reimbursement) (Lesser of Lines C and D)								

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Step 8: Expected Sources of Funding for this Project (e.g., cash, funding from other sources)

Sources of Funds	Amount of Funds
Partnership Cost-Share Funding Requested	
Applicant's Contribution	
Other Financing*	
Other Provincial or Federal Funding*	
TOTAL	

<sup>\*</sup>Please provide details (e.g. what kind of financing (lease, loan, etc.), which provincial/federal program)

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#### Step 9: Project Details for Education, Training, Assessment, and Planning (AHED-OA-B)

9.1 This project supports the following species (check all that apply): Bees Bovine, specify: Equine Farmed cervid Goats **Poultry** Sheep Swine Alternative livestock (including fox, rabbit, mink), specify: Other, specify: 9.2 Select the activity/activities you will complete as part of the project (check all that apply) Education and training from a third-party institution or consultant on topics related to the adoption of the national biosecurity standards, a commodity-specific risk management program, or animal welfare practices and procedures related to national Codes of Practice for the care and handling of farm animals Operational or farm-wide assessments, conducted by a qualified third-party such as a licensed veterinarian or certified animal welfare auditor

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National biosecurity standards, or practices and procedures

Commodity-specific risk management program

National Codes of Practice for the care and handling of farm animals

National commodity-specific farm animal care program

Market-driven animal welfare program (e.g., North American Meat Institute Audit)

Qualified third-party services to provide an initial operational plan (e.g., disease response plan, operation specific procedures, nutrient management plan or strategy)

Other, specify:

9.3 Which animal health risk(s) or animal welfare concern(s) does this project address? (350 words maximum)

9.4 Explain how the project will address these risks or concerns: (350 words maximum)

9.5 Given the information you have provided about your project above, please explain how your project will contribute to economic growth especially as the agri-food sector is undergoing COVID-19 recovery. (350 words maximum)



#### Step 10: Declaration, Acknowledgements and Consent

To apply, you must agree to be bound by the Terms and Conditions of Canadian Agricultural Partnership ("the Partnership") Cost-share Funding.

The applicant must be a legal entity that is eligible under the Partnership Cost-share Funding. The individual who submits the application form must be a person who is authorized by the applicant to submit the form on behalf of the applicant and to bind the applicant to the contents therein. This person is referred to as "you" below.

You must certify on the Application that:

- You have read, understand, and agree to abide by all requirements of the Partnership Costshare Funding. This Guide sets out the Terms and Conditions for the Partnership Cost-share Funding, and the Project Category Descriptions.
- All information submitted on the application is true and complete, to the best of your knowledge, belief and understanding.
- All sources of funding for the proposed project, other than the applicant's, have been
  disclosed in this application, including sources and amounts from federal, provincial and
  municipal governments, and such funds do not, and will, not exceed 100 per cent of total
  project costs.
- The applicant does not currently owe any money to Ontario, or you have attached a description of the applicant's debt to Ontario to this application.
- You are not, nor is any officer, director or employee of the applicant (if any) a current or
  former federal public office holder or federal public servant, or, if you, or any officer, director
  or employee of the applicant (if any) are a current or former federal public officer holder or
  federal public servant, you or that officer, director or employee of the applicant (if any) are in
  compliance with the Conflict of Interest Act, the Conflict of Interest Code for Members of the
  House of Commons, the Values and Ethics Code for the Public Sector and the Policy on
  Conflict of Interest and Post-employment, as applicable.
- You are not, nor is any officer, director or employee of the applicant (if any), a member of the House of Commons or of the Senate, or if you, or any officer, director or employee of the applicant (if any) are, you or the officer, director or employee of the applicant (if any) are permitted under the Parliament of Canada Act to receive funding from Canada under the Partnership.

You must further certify on the Application, that the applicant:

- Shall retain all records relating to any payments made to the applicant under the Partnership, including all invoices and proof of payment for at least seven (7) years from the date on which payment was received by the applicant.
- Shall consent to Ontario, Ontario's program administrator (if any) or Canada publishing information about the project/activities funded including the amount of funding the applicant has been approved to receive and/or has received under the Partnership, the nature and results of any project/activities funded, along with the applicant's name.

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You must further acknowledge and accept that:

- The Partnership is a discretionary, non-entitlement program and that the applicant is not entitled to funding merely as a consequence of submitting an application. Payment is subject to Ontario receiving all the necessary appropriations from the Ontario Legislature, Ontario receiving all the necessary monies from Canada, the applicant and the applicant's project (and all activities) satisfying eligibility criteria, as well as the applicant's compliance with all terms and conditions of the Partnership.
- If it is determined the applicant has received a payment the applicant was not eligible to receive, through administrative error or otherwise, the applicant will repay any and all payments that the applicant was not eligible to receive as well as any surplus funding.
- Any payments made to the applicant may be subject to recovery or offset against the applicant's pre-existing debts to the Crown in Right of Ontario or Canada.
- Ontario, Ontario's program administrator (if any) or Canada, including, their respective
  Ministers, directors, officers, agents, employees or representatives (as applicable) shall not be
  liable for any damage or loss whatsoever, or howsoever arising, including damage or loss
  arising from any advice, opinions, representations, warranties or the provision of information
  under the Partnership.
- The information provided for the Partnership may be disclosed by Ontario or Ontario's program administrator (if any) on behalf of Ontario to verify compliance with other provincial and federal funding initiatives administered by Ontario or another program administrator on behalf of Ontario or by Ontario in order to confirm the information provided, to verify eligibility and to ensure there is no duplication of funding.
- The information provided to the Partnership, with the exception of the Social Insurance
   Number of recipients of funding who are sole proprietors or unincorporated entities, may be
   subject to disclosure under the *Freedom of Information and Protection of Privacy Act* (Ontario), the *Access to Information Act* (Canada) or *Privacy Act* (Canada).

You must consent to the following on behalf of the applicant:

- To provide accurate, timely and full information, including supporting documentation, to Ontario or Ontario's program administrator (if any) and will notify Ontario or Ontario's program administrator (if any) immediately in the event there are any changes to information provided.
- To provide Canada, Ontario and Ontario's program administrator (if any), as well as their authorized representatives, with any information or access to a person, place or thing within ten (10) business days of any request, field verification or audit.
- To comply with onsite field inspections and/or audits by Ontario or Ontario program administrator (if any) upon notice, and during normal business hours, to verify eligibility, and to evaluate compliance with the requirements of the Partnership.
- To comply with reviews by Ontario of information related to other programs and initiatives delivered by, or for, Ontario in which the applicant is enrolled or has applied.



• The use of the applicant's name and contact information by Ontario, Ontario's program administrator (if any) and/or Canada to contact the applicant for the purpose of evaluating the effectiveness and efficiency of the Partnership programming, or for any other similar purpose.

In the event of a conflict between anything set out in Guides, Guidebooks, Guidelines and the Minister's Order, the Minister's Order will prevail.

Errors and Omissions Excepted.

NOTICE OF COLLECTION OF PERSONAL INFORMATION: Ontario may collect the Social Insurance Number (SIN) of a Partnership funding recipient where that recipient is a sole proprietor, partner in a partnership or a member of an unincorporated entity, in order to meet its obligations under the Income Tax Act (Canada), and for the purposes of auditing and collection of over-payments, as required under Minister's Order 0005/2018, as amended from time to time. If you have any questions or concerns regarding the collection of this information, please contact: Administrative Services Representative, Rural Programs Branch, Ontario Ministry of Agriculture, Food and Rural Affairs, at 1 Stone Rd. W, Guelph ON N1G 4Y2, phone: 226-979-7884.

BY SUBMITTING THIS APPLICATION, I AM ATTESTING THAT I AM AUTHORIZED TO DO SO ON BEHALF OF THE APPLICANT AND TO BIND THE APPLICANT TO THE TERMS AND CONDITIONS OF THE CANADIAN AGRICULTURAL PARTNERSHIP, AS WELL AS THE ABOVE,

Name	Title		
Email	Date (YYYY/MM/DD)		

Submit your form: By email: <a href="mailto:agpartnership@ontario.ca">agpartnership@ontario.ca</a>

Only send files smaller than 10MB

Only send files that do not contain live links





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