

PART 1: PROJECT CATEGORY DESCRIPTION

FOR PROJECTS FOCUSED ON REDUCING BIOSECURITY RISKS INTO, WITHIN, AND OUT OF HIGH-RISK AREAS OF THE OPERATION, IN A MEASURABLE OR PROVEN WAY.

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 wish to prevent introduction and spread of disease throughout an operation through new construction, modifications to existing production areas and facilities, and implementing practices and procedures.

Preference is currently given to projects that support sheep, goat, veal, beef cattle and farmed cervids.

TO APPLY YOU MUST:

- Read, understand and agree to abide by all requirements set out in the [Program Guidelines](#), as well as all requirements given in this Project Category Description
- Have a site sketch for proposed structural modifications or new construction, if applicable

THESE ACTIVITIES AND EXPENDITURES ARE ELIGIBLE:

Operational improvements as preventive measures to reduce the introduction and spread of disease, including but not limited to:

- Purchase of tools or equipment for animal health and monitoring, such as health management software, scales or metering equipment, and multi-dose injectors
- Baseline laboratory testing for disease (and associated veterinary or sample collections fees) as part of a disease management plan
- In-kind labour and equipment costs of up to \$2,000 in cost-share
- One-time labour costs specifically required for the project, such as contract salaries, benefits and specific per diem fees (excluding existing full-time or part-time staff)
- One-time costs for rental of facilities, processing equipment or machinery required specifically for the project

THESE ACTIVITIES AND EXPENDITURES ARE NOT ELIGIBLE:

- Projects that support animals of non-agricultural significance
- Fencing or demarcation of parts of the operation that are not subject to biosecurity measures or protocols
- Washers, dryers, furniture or equipment for transition area that are not directly related to biosecurity
- Modifications related to increasing production, health and safety requirements or reasons not relevant to improving biosecurity
- Ongoing consumables (e.g., disposable coveralls, boot covers, gloves, masks, disinfectant, soap, bait)
- Purchase of sealed containers or bins to store bagged or loose feed securely, or modifications or repairs to existing feed or bedding storages
- Modifications and repairs as part of routine maintenance (e.g., replacing old surfaces with the same material; replacing or repairing doors; repairs to roof, exterior walls, or foundation; fencing)
- General clothing and equipment for use in Restricted Access Zone or Controlled Access Point (e.g., coveralls, boots, buckets, brushes)
- Establishing a water source (e.g., drilling a well, accessing municipal water supply, irrigation pond)
- Time to complete cleaning or disinfecting activities
- Professional services not directly related to the eligible activity
- Ongoing routine activities, such as:
 - Sampling and testing costs to maintain or monitor health status
 - Sampling and testing costs to determine annual requirements for animal nutrient control (e.g., feeding programs)
 - Diagnostic and treatment costs (e.g., medications, vaccinations, post-mortems)
- Repeat services for the same operation or premises
- Travel and meal costs
- Ineligible activities and expenditures as detailed in the [Program Guidelines](#)

AVAILABLE COST-SHARE:

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

YOU MUST SUBMIT THIS REQUIRED DOCUMENTATION WITH YOUR APPLICATION:

- Site sketch for proposed structural modifications or new construction, if applicable
- Cost validation is required; this can be in the form of a quote or proposal from the manufacturer/contractor detailing costs of equipment/materials and installation, equipment pamphlet, print-out or catalogue.



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 spread or introduction of disease
- Commodity-specific targeting, with a current focus on sheep, goat, veal, beef cattle and farmed cervids. (This Project Category is applicable to all farmed animal species and the focus is subject to change.)
- Size of operation, with priority given to operations with the largest number of animals within commodities
- Impact on economic growth

OTHER USEFUL INFORMATION:

- Are you interested in conducting an operational assessment against biosecurity practices and principles? A bio-security checklist is available and can be obtained by calling 1-877-424-1300.

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 APPLICATION FORM:

1. Download a free version of Adobe Reader if you do not already have it installed on your computer. <https://get.adobe.com/reader/>
2. Save this application form to your computer before 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 software.
 - You can work on completing the application at any time. Remember to save your file along the way.
 - Once complete, save the file.
4. Email the Adobe-completed PDF application form as an attachment to AgPartnership@ontario.ca.
 - Do not send your document using Adobe Cloud.
 - You will receive a file number once your application has been processed.
 - Once the application has been reviewed and a decision has been made you will be notified by email.

PART 2: APPLICATION FORM

OTHER BUSINESS – Health Management (AHIM-OA-E)

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

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

<https://www.ontariopid.com/en-CA/> 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	
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OR

I/we confirm I/we do not have a CRA number

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	

2.8 Primary Commodity - Identify commodity that contributes to the majority of gross income

Crop Production	Animal Production	Food and Beverage Processing	Wholesale and Retail Sales
Oilseed and Grain (1111)	Beef Cattle including feedlots (11211)	Animal Food Manufacturing (31111)	Farm Product Wholesaler-Distributors (4111)
Vegetable and Melon Farming (1112)	Dairy Cattle and Milk Production (11212)	Grain and Oilseed Milling (3112)	Food, beverage and tobacco merchant wholesaler (413)
Fruit and Tree Nut Farming (1113)	Hog and Pig farming (11221)	Sugar and Confectionary Product Manufacturing (3113)	Machinery, equipment and supplies merchant wholesaler (417)
Food Crops Grown Under Cover (11141)	Poultry and egg Production (1123)	Bakeries and Tortilla Manufacturing (3118)	Food and beverage stores (445)
Nursery and Floriculture Production (11142)	Sheep Farming (11241)	Fruit and Vegetable Preserving and Specialty Food (3114)	Other
Maple Syrup and Products Production (111994)	Goat Farming (112420)	Dairy Product Manufacturing (3115)	Support Activities for Crop Production (115110)
Other Crop Farming (1119) (e.g. sugar beets, hay, herbs, spices, mint, hops)	Aquaculture CAN (112510)	Meat Processing and Meat Product Manufacturing (3116)	Support Activities for Animal Production (115210)
General Manufacturing	Apiculture (112910)	Soft Drinks and Ice Manufacturing (312110)	Veterinary Services (541940)
Tobacco Manufacturing (3122) (Note: Cigarette manufacturing is NOT eligible under the Partnership)	Fur-Bearing Animal and Rabbit Production (112930)	Breweries (312120)	Electric Power Generation (221119)
Fibre, yarn and thread mills (3131)	Horse and Other Equine Production (112920)	Wineries including alcoholic cider (31213)	Water supply and irrigation (22131)
Fabric Mills (3132)	All other Animal Production (including deer, elk, and llama) (1129)	Distilleries (31214)	Rail transportation (482)
Converted paper product manufacturing (3222)	Chemical Manufacturing	Seafood Product Preparation and Packaging (3117)	Truck Transportation (484)
Agricultural, construction and mining machinery manufacturing (3331)	Other basic organic chemicals manufacturing (325190)	Snack Food Manufacturing (31191)	Warehousing and storage (493)
	Pharmaceutical and medicine manufacturing (3254)	Coffee and Tea Manufacturing (31192)	Professional, Scientific and Technical Services (541)
	Resin, synthetic rubber, and artificial and synthetic fibres and filaments (3252)	Flavouring Syrup and Concentrate Manufacturing (311930)	MULT - Multiple Industries
	Pesticide, fertilizer and other agricultural chemicals manufacturing (3253)	Seasoning and Dressing Manufacturing (31194)	
	Paint, coating and adhesives manufacturing (3255)	All Other Food Manufacturing (311990)	
	Other chemical manufacturing (3259)		

2.9 (If Applicable) Secondary Commodity - Identify commodity that contributes to at least 25% of gross income

Crop Production	Animal Production	Food and Beverage Processing	Wholesale and Retail Sales
Oilseed and Grain (1111)	Beef Cattle including feedlots (11211)	Animal Food Manufacturing (31111)	Farm Product Wholesaler-Distributors (4111)
Vegetable and Melon Farming (1112)	Dairy Cattle and Milk Production (11212)	Grain and Oilseed Milling (3112)	Food, beverage and tobacco merchant wholesaler (413)
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	Paint, coating and adhesives manufacturing (3255)	All Other Food Manufacturing (311990)	
	Other chemical manufacturing (3259)		




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 Milestone

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

7.3 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-Share Cap (\$ amount based on project category)								
Line E: Maximum Cost-Share Funding (i.e. reimbursement) (Lesser of Lines C and D)								

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	

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

Step 9: Project Details for Health Management (AHIM-OA-E)

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):

Purchase of tools or equipment for animal health and monitoring, such as health management software, scales or metering equipment, and multi-dose injectors

Baseline laboratory testing for disease (and associated veterinary or sample collections fees) as part of a disease management plan

Other, specify:

9.3 Is this the first time this practice will be implemented at this location/premises? (Select one):


Yes

No. This project is to modify or build-on existing practices within this location/premises (e.g., building anterooms onto an additional barn on the same site).



9.4 Specify the risk(s) that this project addresses: (350 words maximum)

9.5 Explain how the project addresses the risk(s) Identified: (350 words maximum)



9.6 What is the number of livestock the facility supported by the project accommodates per annum (e.g., the total number of cows, heifers and calves over a year; number of livestock moving through sales facility over a year)?

Per Annum

9.7 How often do you have incoming/outgoing traffic (i.e., movement) at this location/premises? (e.g., feed delivery, veterinarians, visitors, non-farm staff) (select the most appropriate option):

At least once a week

At least once a month

Less than once a month

9.8 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 Cost-share 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.

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:

agpartnership@ontario.ca

Only send files smaller than 10MB

Only send files that do not contain live links