

Before you start

This form must be filled out using Adobe software, such as Adobe Reader or Adobe Pro.

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

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

Non-Adobe software includes your internet browser (e.g. Google, Firefox, Internet Explorer).

Applicants who complete this form using non-Adobe software will be required to **redo and resubmit** their enrolment form using Adobe software before it can be accepted.

TO COMPLETE THIS ENROLMENT 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 enrolment 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 enrolment form at any time. Remember to save your file along the way.
 - Once complete, save the file.
4. Email the Adobe-completed PDF enrolment form as an attachment to RPBprograms@ontario.ca
 - Do not send your document using Adobe Cloud.

IMPORTANT: Before you start, please complete the following steps:

To be eligible to receive Equine Hardship Program payment, your Business must be registered with Transfer Payment Ontario, and be registered to receive direct deposit payments through Supply Chain Ontario. Registrations must also be up to date.

Any Business can register. Visit [Transfer Payment Ontario](#) to register or to update the Business's information. Visit [Supply Chain Ontario](#) to register or to update the Business's information.

Confirm the Business is registered:

The Business is registered in Transfer Payment Ontario.

The Business is registered to receive direct deposit payments through Supply Chain Ontario.

Section 1: Business Information

A. Business Contact and Business Name(s)

First Name Last Name Job Title, if any

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

Full Registered Legal Name of Business/Organization

Same as Operating Name or:

Business Email Address Phone

Business Mailing Address

Address City/Town

Municipality Province Postal Code
Ontario

Business Location (only complete if different from business mailing address)

Address City/Town

Municipality Province Postal Code
Ontario

E. Eligible Equine Animals (horses, ponies, donkeys, mules) Providing Equine-Based Experiences for the Business (see Guidelines for eligibility details)

Number	Name of Equine Animal	Age	Breed	Gender	Colour
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Section 2: Acknowledgements, Consent, Certification and Submission

NOTICE OF COLLECTION OF PERSONAL INFORMATION: I acknowledge and accept that Ontario may collect the Social Insurance Number (SIN) of a sole proprietor, partner in a partnership or a member of an unincorporated entity where they do not have a Canada Revenue Agency business number, in order to meet its obligations under the Income Tax Act (Canada), and for the purposes of auditing and collection of over-payments, as set out in the Minister's Order 0004/2020. 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, in Guelph, Ontario, N1G 4Y2 or by phone: 226-979-7884.

By submitting this enrolment form, I certify that:

- I have read, understand and agree to all the requirements set out in the Equine Hardship's Program Guidelines and wish to proceed with the enrolment form under the Program.
- I am the authorized signing officer for the Business that meets the eligibility requirements under the Equine Hardship Program ('the Program') to submit this form on behalf of the Business and to bind the Business to its contents and to the terms and conditions of the Program as set out in the Program Guidelines.
- I agree to provide further documentation to support expenses, income and financial statements upon OMAFRA's request.
- The business is in compliance with all Requirements of Law and will remain in compliance with all Requirements of Law while receiving financial support under this program.
- All information submitted on the enrolment form is true and complete, to the best of my knowledge, belief and understanding.

Authorized Signing Officer Name

Title,if any

Email

Date (YYYY/MM/DD)

Submit your form from the authorized signatory's email account to RPBprograms@ontario.ca

- Only send files smaller than 10MB, inclusive of all supporting documents
- Do not send files that contain live links