

Sustainable Canadian Agricultural Partnership

Competitive. Innovative. Resilient.

Promoting Agriculture and Food
Careers Initiative (SCAP-PAFCLD)
Creating Locally Developed
Materials Promoting Agriculture
and Food Careers

Application Form

NOTICE – BEFORE YOU START

Please be advised of the following regarding this Application Form:

- Any capitalized terms herein will have the same meaning as set out in the [Guidelines](#).
- This Application Form **must** be filled out using Adobe Acrobat Reader. Applicants that do not use Adobe Acrobat Reader may be required to resubmit their Application Form using Adobe Acrobat Reader.

The Applicant's information **must** also be up to date with both Transfer Payment Ontario and Supply Ontario.

To register with, or update information previously submitted to, Transfer Payment Ontario, visit [Transfer Payment Ontario](#).

To register with, or update information previously submitted to, Supply Ontario, click on [Supply Ontario](#).

If you are the Applicant or are authorized to represent the Applicant, you can register and update the information referred to above.

COMPLETING THIS APPLICATION FORM

To complete this Application Form, please follow the following steps:

1. Download a free version of Adobe Acrobat Reader if you do not already have it installed on your computer. To receive a free version of Adobe Acrobat Reader, click on [Adobe Acrobat 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 Application Form in your internet browser window.
3. Open the file from your computer.
 - Make sure the file is opening in Adobe Acrobat Reader.
 - You can work on completing this Application Form at any time. Remember to save your file along the way.
 - Once the Application Form is complete, save the file.
4. Email the completed PDF Application Form as an attachment to ahoa.admin@ontario.ca.
 - **Do not** send the Application Form or any supporting information using the Adobe Cloud.

I. APPLICANT'S AGRICULTURAL SOCIETY INFORMATION

1. Agricultural Society Name and Contact

Operating Name of Agricultural Society (Name under which the Agricultural Society operates)

Legal Name of Agricultural Society (Name under which Agricultural Society is registered)

Same as Operating Name or:

Agricultural Society Mailing Information

Address

City/Town

Municipality

Province

Postal Code

Website Address (e.g., www.ontario.ca)

Agricultural Society Primary Contact for Project

First Name

Last Name

Position Title

Email Address

Phone Number

Signatory for the Agricultural Society

Same as Agricultural Society Primary Contact above or:

First Name

Last Name

Position Title

Email Address

Phone Number

2. Business Number – Canada Revenue Agency Business Number

The Business Number is a 9-digit business identifier used in Canada by which applicants 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.

RC	0	0	0	
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 OR

I confirm I do not have a
CRA Number

II. PROJECT INFORMATION

3. Project Summary – Provide a brief one- to two-sentence summary of the proposed Project.
(30 words maximum)

4. Eligible Project Cost – List each Eligible Cost item (in Canadian dollars) based on quotes/estimates. Only Eligible Costs incurred within the eligible time frame will be considered. (see [Guidelines: Eligible Costs Under The Initiative](#) for more details).

	Eligible Cost Category *	Description of the Eligible Cost (10 words maximum)	Total Cost (A)	Refundable Tax** (B)	Net Cost (C=A-B)
1					
2					
3					
4					
5					
6					
7					
8					

*Eligible Category: Marketing Development Services, Printing/Shipping, Entrance Fees, Speaker Fees/Expense, Materials/Equipment

** The portion of tax for which the Recipient has received, will receive or is eligible to receive, a rebate, credit or refund

	Line D: Total Eligible Costs (Sum of Net Cost from Column C above)			
	Line E: Per Cent Cost-Share (100 per cent)			
	Line F: Calculated Cost-Share Funding (Line D x Line E) up to \$1,500 over the course of the Initiative			

III. DEMOGRAPHIC QUESTIONS (VOLUNTARY)

Providing answers to the following questions is voluntary. Applicants will still be eligible to participate in the Initiative should they decline to provide this information. The responses to the questions will have no impact on the assessment of an Applicant's Application Form. Where Applicants provide this information including of others, such as members of their Board of Directors, they are acknowledging that there is consent to share the information with Canada and use it for the purpose set out in **IV. Notice of Collection of Personal Information.**

A. Does the Board of Directors of your business/organization have a diverse composition with significant representation (30% or more) from one or more of the following groups?
(Select all that apply).

Indigenous People: First Nations

Indigenous People: Métis

Indigenous People: Inuit

Indigenous People: Unknown/Other

Women – refers to all people, including trans people, who identify as a woman.

Youth - 40 years old and younger

Not applicable

Decline to identify

B. Select any of the following who will directly benefit from the Project's activities.
(Select all that apply)

Individuals that identify as being an Indigenous Person: First Nations

Individuals that identify as being an Indigenous Person: Métis

Individuals that identify as being an Indigenous Person: Inuit

Individuals that identify as being an Indigenous Person: Unknown/Other

Women – refers to all people, including trans people, who identify as a woman.

Youth - 40 years old and younger

Not applicable

Decline to identify

IV. NOTICE OF COLLECTION OF PERSONAL INFORMATION

Where the demographic information collected by Ontario under III. Demographic Questions (Voluntary) may have the effect of identifying individuals, the information would be Personal Information. The purpose for this collection is for Canada and Ontario to improve access to the Sustainable CAP and address barriers to accessing Initiatives under the Sustainable CAP for underrepresented and marginalized groups. The authority for this collection is set out in the Minister's Order and Guidelines.

If you have any questions or concerns regarding the collection of this personal 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.

V. CERTIFICATION AND CONSENTS

I, the undersigned, attest and certify the following:

- I am:
 - The Applicant; or
 - A duly authorized agent of the Applicant with the full and unqualified legal authority to bind the Applicant.
- That:
 - All information submitted in this Application Form is true, accurate and complete, to the best of my knowledge, belief and understanding as of the date this Application Form was submitted.
 - I will update the Ministry or cause the Ministry to be updated of any changes in the information that is set out in the Application Form as soon as practicable after the change arises.
 - I have read the Guidelines and the Minister's Order and fully understand them.
 - I, as the Applicant, meet the Eligibility Requirements set out in section 4 of the Guidelines; or
 - The Applicant meets the Eligibility Requirements set out in section 4 of the Guidelines.

- I:
 - Agree to be bound by the terms and conditions of the Initiative, as set out in the Minister’s Order and Guidelines; or
 - Bind the Applicant to the terms and conditions of the Initiative, as set out in the Minister’s Order and Guidelines.
- That:
 - If I do not comply with the requirements of the Initiative set out under the Minister’s Order and Guidelines that I could lose my eligibility to participate in the Initiative and that I may have to return any Initiative Payments that I may have received; or
 - If the Applicant does not comply with the requirements of the Initiative set out under the Minister’s Orders and Guidelines, the Applicant could lose its eligibility to participate in the Initiative and that the Applicant may have to return any Initiative Payments the Applicant may have received.

Name of Applicant/Authorized Agent

Title

Date (MM/DD/YYYY)

Submit the completed Application Form from the Applicant’s/authorized agent’s email account to ahoa.admin@ontario.ca

- Only send files smaller than 10MB
- Only send files that do not contain live links

