

**MEAT PLANT ASSISTANCE PROGRAM
APPLICATION FORM**



Program Objective: The purpose of the Meat Plant Assistance Program is to provide assistance to non-federally registered Slaughter Plants (abattoirs) and Free-standing Meat Plants in Ontario, for expenditures required to comply with the Meat Regulation (Ontario Regulation 31/05) under the *Food Safety and Quality Act, 2001*.

Program Description

- An applicant includes a Slaughter Plant (abattoir) in Ontario that must comply with the requirements of O. Reg. 31/05 under the *Food Safety and Quality Act, 2001*, or a Free-standing Meat Plant in Ontario that has been continuously in the business of processing meat (including seasonal operations) since February 10, 2005 that must comply with the requirements of O. Reg. 31/05 under the *Food Safety and Quality Act, 2001*.
- Applicants may make multiple applications.
- There is a total maximum provincial contribution of \$25,000 per plant, to be cost-shared as follows:
 - A maximum provincial cost-share level of 50% of eligible capital costs up to \$25,000 per plant, for expenditures to comply with plant and equipment requirements of the Meat Regulation, and
 - A maximum provincial cost-share level of 75% of eligible non-capital costs up to \$10,000 per plant, for expenditures to comply with non-capital requirements of the Meat Regulation.
- Applicants will be advised in writing of their acceptance to the Program, the Eligible Costs to be cost-shared, and the terms and conditions of the Program required to be complied with. Payments will be made to eligible applicants based on Eligible Costs incurred and documentation submitted.

Application Information

- Please complete all applicable sections of the application form. Applicants must sign the declaration in section J.
- Refer to the Program Guidelines. (see contact information below to attain a copy)
- Refer to the list of eligible and ineligible costs provided in schedules A, B and C.
- **Applicants are encouraged to submit applications as soon as possible.** Applications will be accepted up to the dates outlined in the following table:

Plant Category	MPAP Application Deadline
FSMPs producing between 500,000 and 1 million kg annually*	October 1, 2007
FSMPs carrying out Category 2** activities and producing less than 500,000 kg annually*	October 1, 2008
FSMPs carrying out only Category 1** activities and producing less than 500,000 kg annually*	October 1, 2009

*2004 production volume

** for more information please see Program Guidelines

Receipts/Documentation Deadline:

All Eligible Costs must be incurred and receipts/documentation submitted to the Program Administrator by the deadline outlined in your MPAP eligibility letter.

For more information on the program or copies of the Meat Regulation (O. Reg 1/05) please call 1-866-641-3663, or visit our web site at www.ontario.ca/omafra.

Send your completed application form by fax to (519) 826-4466 or by mail to:

Meat Plant Assistance Program (MPAP)

Attn: Program Administrator

OMAFRA, 1 Stone Road West, Guelph, ON N1G 4Y2

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A. Meat Plant Information			
Plant Type <input type="checkbox"/> Slaughter Plant Free-standing Meat Plant: based on 2004 production volume <input type="checkbox"/> more than 1 million kg <input type="checkbox"/> between 500,000 kg and 1 million kg <input type="checkbox"/> less than 500,000 kg (Category 2) <input type="checkbox"/> less than 500,000 kg (Category 1)		Business Number: (Federal GST Number)	
Are you a Free-standing Meat Plant in Ontario that has been continuously in the business of processing meat (including seasonal operations) since February 10, 2005? <input type="checkbox"/> Yes <input type="checkbox"/> No			
APPLICANT : LEGAL NAME of MEAT PLANT			Plant Number (if applicable)
B. Meat Plant Address			
R.R.#	Emergency or 911#	Street # and Name	P.O. Box
City/Town		County	Postal Code
Province	Phone Number	Fax Number	
ONTARIO	()	()	
Mailing Information (if different from Meat Plant Address above)			
R.R.#	Emergency or 911#	Street # and Name	P.O. Box
City/Town		Postal Code	Province
C. Contact Information			
NAME of Contact (first/last) (Please Print)		Title of Contact (Operator, Manager, Consultant)	
E-mail address			
Phone Number ()		Fax Number ()	
<p>If the contact listed in C. is other than an owner/partner/authorized officer of the applicant, I/we authorize the contact to communicate with the Program Administrator regarding my/our Meat Plant Assistance Program (MPAP) file on my/our behalf. I/we hereby authorize the Program Administrator to disclose and discuss my/our MPAP file with the contact listed in C. The information shared and communicated by the Program Administrator regarding this MPAP application may include personal and confidential information that may be on file with OMAFRA which is relevant to this application. I/we acknowledge that the contact listed in C. may not be an owner/partner/authorized officer of the applicant and that all correspondence from the Program Administrator will be made to the applicant. This authorization to communicate with the contact listed in C. is valid until notification of the contrary is given to the Program Administrator in writing. It is my/our responsibility to notify the Program Administrator of any changes to the contact information listed on this application form.</p>			

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Business Structure:
 Sole Proprietorship – Section D Partnership – Section E Corporation – Section F

D. Sole Proprietorship Information

NAME (Please Print)

E. Partnership Information

NAME AND ADDRESS OF PARTNERSHIP (FOR PARTNERSHIPS, ALL PARTNERS MUST SIGN): (Please Print)	% share
NAME AND ADDRESS OF PARTNERSHIP (FOR PARTNERSHIPS, ALL PARTNERS MUST SIGN): (Please Print)	% share

**If additional partners please attach information, all partners must sign the Declaration in section J.*

F. Corporation Information

NAME & OFFICE OF AUTHORIZED OFFICER: (Please Print)

NAME & OFFICE OF AUTHORIZED OFFICER: (Please Print)

NAME & OFFICE OF AUTHORIZED OFFICER: (Please Print)

NAME & OFFICE OF AUTHORIZED OFFICER: (Please Print)

**All authorized officers required to legally bind the corporation must be listed and are required to sign the Declaration in section J, please attach more information if needed.*

G. Previous Applications

Have you applied to the *Meat Plant Assistance Program* before? Yes No

* Please note that a separate application is required for each meat plant if you are an operator of multiple plants.

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H. Capital Costs

Please list the specific capital costs for which you are applying that are required to comply with O. Reg. 31/05 under the *Food Safety and Quality Act, 2001*. Please use a separate line for each distinct item. Refer to Schedule A for a list of eligible capital costs. For further clarification, refer to Schedule C for a list of ineligible costs.

Example:

Capital Cost Item (including labour related to capital)	Reason for Capital Cost Item	Estimated Cost (\$)
<i>Hot Water Heater</i>	<i>Current system not able to supply plant with adequate hot water.</i>	<i>\$1,000</i>
<i>Refrigeration</i>	<i>Walk in cooler not able to maintain temperature of 4 degrees Celsius. Also, processing area is not refrigerated.</i>	<i>\$50,000</i>
<i>Drains</i>	<i>Current production area does not have adequate drainage. Standing water in production area.</i>	<i>\$10,000</i>
<i>Knife Sanitizers & Hands free sink</i>	<i>Do not currently have knife sanitizer. Faucets are manual and do not have one accessible in production area.</i>	<i>\$800</i>
<i>Addition</i>	<i>Currently processing area opens directly outside.</i>	<i>\$20,000</i>
<i>Floors & Walls</i>	<i>Floor is cracked and walls are made of exposed wood. Not cleanable.</i>	<i>\$5,000</i>

*If more space is required please attach additional sheets.

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I. Non-Capital Costs

Please list the specific non-capital costs for which you are applying that are required to comply with O. Reg. 31/05 under the *Food Safety and Quality Act, 2001*. Please use a separate line for each distinct item. Refer to Schedule B for a list of eligible non-capital costs. For further clarification, refer to Schedule C for a list of ineligible costs.

Example:

Capital Cost Item (including labour related to capital)	Reason for Capital Cost Item	Estimated Cost (\$)
<i>Food Handler Training Course</i>	<i>Need to train supervisors to properly handle food product.</i>	<i>\$500</i>
<i>Engineering Costs</i>	<i>Blueprints for proper product flow</i>	<i>\$4,000</i>
<i>Consultant Costs</i>	<i>To develop written programs (e.g. sanitation, pest control)</i>	<i>\$5,000</i>

*If more space is required please attach additional sheets.

J. Declaration:

I/we have read and understand and agree to the Program Guidelines for the Meat Plant Assistance Program “the Program” to which I/we have applied. As applicants to the Program:

- I/we understand that the Program will be administered by the Food Safety Programs Branch of the Ontario Ministry of Agriculture, Food and Rural Affairs.
- I/we have not received or applied for funding from any other federal, provincial or municipal government program, for any of the capital or non-capital costs applied for in this application.
- I/we declare that all capital and non-capital costs identified in this application are directly related to the requirements of Ontario Regulation 31/05 under the *Food Safety and Quality Act, 2001*, and are not related to any other upgrades or expansions that are not required under the Regulation.
- I/we will allow the Program Administrator to obtain information from or disclose information to municipal corporations, federal and provincial governments, or any agency, board, or commission thereof, and any non-government organizations, including the Alliance of Ontario Food Processors and the Ontario Independent Meat Processors Association, as appropriate and necessary to the assessment, evaluation, verification, audit and enforcement of my/our application and payments under this Program.
- I/we will allow the Program Administrator to access information from third parties, including, but not limited to, insurance companies, banks, trust companies and other financial institutions. I/we hereby authorize the said organizations to provide to the Program Administrator information, as appropriate and necessary to the assessment, evaluation, verification, audit and enforcement of my/our applications and payments under this Program.
- I/we agree to execute such further and other specific authorizations as may be required by the Program Administrator for the above stated purposes.
- I/we understand that the Program Administrator may require copies of all business records, books of account, and income tax returns of persons who are partners, shareholders, others who act on behalf of the applicant, or persons who are involved in non-arm’s length relationships, necessary to verify or audit my/our application. I/we will provide such records to the Program Administrator within a reasonable time on reasonable notice.
- I/we will allow the Program Administrator access to examine my/our business operations and meat plant facilities, as appropriate and necessary to the assessment, evaluation, verification, audit and enforcement of my/our application and payments under this Program.
- I/we understand that from time to time, the particulars of the Program could be amended and that the Program Administrator may require that I/we provide additional information that is appropriate and necessary to the assessment, evaluation, verification, audit and enforcement of applications and payments under the revised Program criteria. I/we understand that there will be notification of any such requirements as they arise.

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- I/we understand that information supplied to the Program Administrator may be disclosed where OMAFRA is obligated to do so under the Freedom of Information and Protection of Privacy Act (FIPPA), by any order of a court, tribunal or pursuant to a legal proceeding.
- I/we understand that any personal information requested on the application form and from third parties is being collected, used and disclosed solely to administer, evaluate, audit, verify and enforce the *Meat Plant Assistance Program*. *Direct questions about the collection of information to: Program Administrator, Meat Plant Assistance Program, OMAFRA, 1 Stone Road West, Guelph, ON, N1G 4Y2, 1-866-641-3663.*
- I/we understand that I/we will be liable for and will repay to OMAFRA payments received in contravention of the Program Guidelines, this Declaration and the laws of Ontario. This includes providing false or misleading information. Failure to make repayment as required creates a debt owing to the Crown in Right of Ontario that can be set off against any money the Crown owes now or in the future to the applicant.
- The applicant will be required to acknowledge that Her Majesty the Queen in Right of Ontario is not liable to the applicant, the applicant's heirs, administrators and assigns for the personal injury, property damage, or any other damage, injury, claim or loss whatsoever arising out of this Program and the applicant's participation in it.

AND I/we certify that the information given on this application is true and correct to the best of my/our knowledge.

Signature of Owner/Partner/Authorized Officer

Date

Signature of Owner/Partner/Authorized Officer

Date

Signature of Owner/Partner/Authorized Officer

Date