

**Canadian
Food Safety and Quality
Program**

Food Safety Initiative

Application Form

Submitted by: _____
Name of Business

Canada

 **Ontario**

CANADIAN FOOD SAFETY AND QUALITY PROGRAM FOOD SAFETY INITIATIVE (FSI) – APPLICATION FORM

STEPS FOR SUBMITTING AN APPLICATION

In which language would you prefer to receive correspondence?

ENGLISH

FRENCH

STEP 1. Determine If You Are Eligible

You may apply for funding under this program if you meet **all** of the following criteria.

- You are an Ontario processor involved in processing food or drink for human consumption
- You have a Revenue Canada Business Number (GST Number)
- You are not a federally registered establishment
- You are licensed to operate in Ontario (if required e.g. Meat, Poultry and Dairy)

Note:

- You may be eligible if you are a packaging manufacturer for the food industry. These applications will be assessed on an individual basis.
- Fish and shellfish processing plants are **not** eligible under this program.
- Systems for pet foods are **not** eligible under this program

STEP 2. Determine If Your Planned Activities Are Eligible

Eligible activities:

- Activities associated with the development, implementation and maintenance of Good Manufacturing Practices (GMPs)
- Activities associated with the development, implementation and maintenance of Hazard Analysis and Critical Control Point (HACCP) systems such as *HACCP Advantage*
- Eligible activities completed after the following eligible date: November 21, 2005

STEP 3. Complete the Application Form

Your application must be signed by your authorized signing officers. Incomplete applications could result in delays in the approval process. Extra pages may be attached if more space is required.

Additional copies of this application form are available by contacting the Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA) Toll-Free at 1-866-641-3663 or by downloading the PDF form from the OMAFRA website at: www.omafra.gov.on.ca

STEP 4. Submit Your Application and Supporting Documents

Please send your application to:

**Program Administrator
Food Safety Initiative
1 Stone Road West
Guelph ON N1G 4Y2**

Fax:

1-519-826-4466

If you have any questions or are having difficulty completing this form, please call 1-866-641-3663, email us at FSI@omafra.gov.on.ca or visit the website at: www.omafra.gov.on.ca.

CANADIAN FOOD SAFETY AND QUALITY PROGRAM FOOD SAFETY INITIATIVE (FSI) – APPLICATION FORM

PART A – APPLICANT INFORMATION

1. Type of application (Check the appropriate box)
 First application for funding under FSI: Yes No If no explain: _____

Amendment to an approved application: Yes (if yes, please provide contribution agreement number) _____ No

2. (a) Legal Name of Your Business	2. (b) Name Business is Operating As (if different)
3. Street Number and Name	4. P.O. Box
5. City/Town	6. County
7. Postal Code	8. Province ONTARIO
9. Telephone (Include Area Code)	10. Fax (Include Area Code)
11. E-mail	
12. Revenue Canada Business Number (GST Number) (9 numbers, 2 letters, 4 numbers)	
13. Is your plant a federally registered establishment? Yes <input type="checkbox"/> No <input type="checkbox"/>	
14. CEO/Chairperson/President/Owner Name: Title: Address (if different from above): Telephone(Business): Fax: E-mail:	15. Primary Contact (if other than CEO/Chairperson/President/Owner) Name: Title: Address (if different from above): Telephone(Business): Fax: E-mail:

PART B – Activity

1. Identify the activity for which funding is requested.

Activity

Development, implementation and maintenance of GMPs only (Equivalent to Pre-requisite Programs)

Development, implementation and maintenance of HACCP (includes GMPs and one HACCP plan)

2. Are you interested in participating in a pilot study? Yes No
 Pilot plants may qualify for additional funding. Potential pilot study plants will need to meet eligibility criteria. Plants interested in pilot study participation will be contacted by FSI staff.

3. How many full time employees or equivalents does your plant have?

- 1-10 11-50 51-100 101-500 More than 500

4. How many production lines are in operation at your plant?

5. How many different individual products are made in your plant?

- 1-5 11 - 20
 6 -10 More than 20

6. What commodities does your plant process? Check all that are applicable.

- | | |
|---|---|
| <input type="checkbox"/> Meat and Poultry Slaughtering and Boning | <input type="checkbox"/> Fruit and Vegetable Processing |
| <input type="checkbox"/> Meat and Poultry Further Processing | <input type="checkbox"/> Confectionery Manufacturing |
| <input type="checkbox"/> Dairy Food Processing | <input type="checkbox"/> Food Ingredient Manufacturing |
| <input type="checkbox"/> Bakery Operations/Cereal Food Processing | <input type="checkbox"/> Oil Seed Processing |
| <input type="checkbox"/> Egg Processing | <input type="checkbox"/> Preserved Food and Sauces |
| <input type="checkbox"/> Beverage Processing | <input type="checkbox"/> Canning, UHT and Aseptic Operations |
| <input type="checkbox"/> Snack Foods | <input type="checkbox"/> Fermented Products not covered above |
| <input type="checkbox"/> Sweeteners | <input type="checkbox"/> Other (Please specify) _____ |

7. What are your reasons for implementing GMPs or HACCP? Check all that are applicable.

- | | |
|--|---|
| <input type="checkbox"/> To meet customer requests | <input type="checkbox"/> For cost savings |
| <input type="checkbox"/> To maintain market share | <input type="checkbox"/> For management/head office directive |
| <input type="checkbox"/> To expand market | <input type="checkbox"/> Competitive pressure |
| <input type="checkbox"/> For food safety/risk management | <input type="checkbox"/> Other (please specify) _____ |

8. Your plant has:

- A single employee responsible full-time for quality control/quality assurance
 A single employee responsible part-time for quality control/quality assurance
 A team responsible for quality control/quality assurance
 None of the above

9. Your plant has:

- An employee working full-time as a HACCP coordinator
 An employee working part-time as a HACCP coordinator
 A HACCP team (including a HACCP coordinator)
 None of the above

10. Profile and history of your business – Describe your plant by answering the following questions.

- a) How long has your company been in business?
 0 – 5 years
 5 – 10 years
 longer than 10 years
- b) Where do you distribute your products?
 Food Service (restaurants, institutions, etc.)
 Retail
 Wholesale
 Other _____
- c) Do you plan to expand your market?
 No
 Yes
 Unsure
- d) Do you currently export your product(s)?
 Yes No
- e) Do you plan to export your product(s)?
 Yes No Unsure

11. FINANCIAL INFORMATION REQUIRED

- a) How long have you been in business at this location? _____
- b) Do you currently have any collection claims or judgements against you? No Yes
If yes, explain _____
- c) What is your intended source of funds to implement GMPs/HACCP in your plant?
 Private investment
 Line of credit
 Bank loan
 Existing funds Other _____

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PART C – Food Safety Program Information

Program description – These questions relate to how you plan to implement your food safety program.

1. Who will develop the written program? Check all that are applicable.

- HACCP Coordinator
- QA/QC Manager
- Plant Manager
- Owner/Operator
- Team of plant staff
- Consultant working with plant staff
- Other, please specify _____

2. How will staff be trained on the food safety requirements of your program? Check all that are applicable.

- Training provided by consultant, tailored to facility
- External training institution
- Training performed by internal staff
- Self-training (e.g. independent study, online training etc.)
- Other, please specify _____

3. After initial implementation, how do you plan to maintain the program? Check all that are applicable.

- Using internal staff
- Hiring a consultant to review and revise the program
- Using a combination of internal staff and consultant
- Other, please specify _____

4. How do you plan to verify the implementation of your food safety program? Check all that are applicable.

- Hiring a consultant to verify the program
- Conducting end product testing
- Using internal staff
- Obtaining certification by an external body
- Other, please specify _____

5. How do you expect this program to contribute to your business's short and long term goals? Check all that are applicable.

- Increase market access
- Retain existing markets
- Meet buyer/Customer demands
- Increase management and staff commitment to food safety
- Increase product shelf-life
- Decrease returns and re-work
- Increase control of processes
- Decrease waste
- Decrease costs
- Improve productivity
- Improve employee morale
- Decrease employee turnover
- Decrease liability and insurance premiums
- Other, please specify _____

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PART D – PROPOSED WORK PLAN AND BUDGET

Anticipated Expenditures Identify each anticipated cost and include a brief description of the work to be done. <ul style="list-style-type: none"> • Estimates should be totals for one potential HACCP plan • Please identify the product this HACCP plan will be for: _____ • If required additional sheets may be attached to this application to provide a brief description. 	Estimated Timeframe		Estimated Cost Include all applicable taxes.
	Start Date	Finish Date	
<input type="checkbox"/> Consultant for development, implementation and/or maintenance			
<input type="checkbox"/> Staff costs directly related to development, implementation and/or maintenance of your program			
<input type="checkbox"/> Staff training (including travel and/or accommodation costs directly related to food safety program development, implementation and/or maintenance – not to exceed provincial guidelines)			
<input type="checkbox"/> Materials/supplies for GMPs and/or HACCP plans/manuals			
<input type="checkbox"/> Rental/lease of facilities/equipment directly related to development, implementation and/or maintenance of GMPs/HACCP			
<input type="checkbox"/> Laboratory and sampling costs directly related to your food safety program development, implementation and/or maintenance			
<input type="checkbox"/> Food safety program audits and certification			
<input type="checkbox"/> Other costs to be considered for approval (Describe and include supporting documents) _____ _____ _____			
TOTAL			

PART E – ADDITIONAL HACCP PLANS

For each additional HACCP plan please identify the product, start and finish date and the total estimated cost for each plan.

Product	Estimated Start Date	Estimated Finish Date	Estimated Cost
1.			
2.			
3.			

PART F – OTHER FUNDING

Are you applying for funding or have you applied for or received funding of these costs under any other funding or grant program? Yes No

If yes, Specify activity/cost _____

Specify funding program _____

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PART G – ACTIVITIES AND COSTS (for the development, implementation and maintenance of GMPs and/or HACCP)

ELIGIBLE ACTIVITIES

- Development, implementation and maintenance of GMPs and/or HACCP (including record keeping systems)
- Related scientific testing
- Staff training
- Technical assistance to prepare for audits and certification costs

ELIGIBLE COSTS

- Consultant fees for development and implementation of food safety programs
- Staff costs directly related to development, implementation and/or maintenance of your program
- Staff training (including travel and/or accommodation costs directly related to food safety program implementation – not to exceed provincial guidelines.)
- Material/supplies for GMPs or HACCP plans/manuals
- Costs for rental/lease of facilities related to food safety program implementation
- Costs for rental/lease of equipment related to food safety program implementation
- Laboratory and sampling costs directly related to your food safety program development, implementation and/or maintenance
- Food safety program audit/certification costs
- Federal and provincial taxes, including the non-refundable portion of GST
- Other costs approved in advance by the Province

INELIGIBLE COSTS

- Capital costs
- Equipment purchases
- Travel costs in excess of provincial guidelines
- Costs being reimbursed under an existing government program
- Any other expense, which at the discretion of OMAFRA is deemed to be ineligible

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PART H – DECLARATION OF THE APPLICANT

The applicant confirms that the applicant has read and understood the summary of costs and activities that are eligible for funding (page 7) under the Canadian Food Safety and Quality Program, FSI, and understand that the following conditions must be met in order to be eligible for funding:

1. The applicant agrees to acquire adequate human resources, experience and skills to carry out its responsibilities.
2. The applicant agrees to comply with the eligibility criteria of the Food Safety Initiative (page 7).
3. The applicant agrees to provide financial documentation of all expenditures.
4. The applicant grants OMAFRA or its designate the right to conduct a compliance audit on the program described in this application.
5. The applicant agrees that, unless authorized, costs incurred before the eligible dates stated on page 2 of this application are not eligible for funding.
6. The applicant agrees that Canada and Ontario will not be liable for any claims for damage from the applicant or third parties related to the activities carried out by the applicant or on its behalf. If approved the applicant will be required to indemnify OMAFRA and Canada and to obtain appropriate liability insurance.
7. The applicant is in compliance with federal, provincial and municipal food safety legislation applicable for their operation and facility.
8. The applicant authorizes OMAFRA, at the Program Administrator's discretion, to obtain a credit report from a recognized credit reporting agency and use the information in its determination of the applicant's financial stability.
9. There are no conflict of interest situations with the applicant relative to the Canadian Food Safety and Quality Program, Food Safety Initiative and the Ontario Ministry of Agriculture, Food and Rural Affairs.
10. This application has been signed below by the applicant's authorized signing officers.

We understand that, if this application is accepted, we will be required to enter into a contribution agreement with OMAFRA that sets out the terms and conditions for funding.

Personal, financial, commercial, scientific, or technical information provided in this application is collected for the purposes of administering the Food Safety Initiative, developing aggregate statistical profiles of applicants and developing a database of Ontario stakeholders for the purpose of informing stakeholders about further food safety programs and HACCP initiatives, and for the purpose of audit and evaluation and may be shared with the Federal Government for the said purposes. By submitting this application, the applicant consents to the collection of the information contained herein and for the purposes described above. Questions regarding the collection of this information should be directed to the OMAFRA Program Administrator, 1-866-641-3663, 1 Stone Road West, Guelph, Ontario N1G 4Y2.

The information provided in this application is, to the best of our knowledge, complete, true and correct.

Signed by:	Name (please print)	Title	Signature (I have the authority to bind the applicant)
			Date
Signed by:	Name (please print)	Title	Signature (I have the authority to bind the applicant)
			Date

Note: Please ensure that the application is fully completed and all supporting documents are attached. Failure to do so could result in delays in the approval process.