

Date Received:

PROGRAM FUNDING REGISTRATION

- Industry Organizations / Associations (Complete Contact Information & Section 1)
- Educational / Research Institution (Complete Contact Information & Section 2)
- Government (Complete Contact Information & Section 3)

Contact Information (print or type)

Organization Name

Mailing address	Town	Postal code
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Civic address (if different from above)	Town	Postal code
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Telephone	Cell	Fax
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Email

County (Select one)

- | | | | | | | |
|------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|-------------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Annapolis | <input type="checkbox"/> Antigonish | <input type="checkbox"/> Cape Breton | <input type="checkbox"/> Colchester | <input type="checkbox"/> Cumberland | <input type="checkbox"/> Digby | <input type="checkbox"/> Guysborough |
| <input type="checkbox"/> Halifax | <input type="checkbox"/> Hants | <input type="checkbox"/> Inverness | <input type="checkbox"/> Kings | <input type="checkbox"/> Lunenburg | <input type="checkbox"/> Pictou | <input type="checkbox"/> Queens |
| <input type="checkbox"/> Richmond | <input type="checkbox"/> Shelburne | <input type="checkbox"/> Victoria | <input type="checkbox"/> Yarmouth | | | |

Primary Contact Name: authorized to request, receive or change information

Title / Position

- | | | | | |
|---|---------------------------------------|-----------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Owner/Operator/Partner | <input type="checkbox"/> CEO | <input type="checkbox"/> Director | <input type="checkbox"/> Secretary | <input type="checkbox"/> Shareholder |
| <input type="checkbox"/> Executive Director | <input type="checkbox"/> Project Lead | <input type="checkbox"/> Manager | <input type="checkbox"/> President | |

Telephone	Cell	Email
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Additional Contact: authorized to request, receive or change information

Title / Position

- | | | | | |
|---|---------------------------------------|-----------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Owner/Operator/Partner | <input type="checkbox"/> CEO | <input type="checkbox"/> Director | <input type="checkbox"/> Secretary | <input type="checkbox"/> Shareholder |
| <input type="checkbox"/> Executive Director | <input type="checkbox"/> Project Lead | <input type="checkbox"/> Manager | <input type="checkbox"/> President | |

Telephone	Cell	Email
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SECTION 1 – Industry Organizations / Associations

A. Is your Industry Organization/Association a

For Profit or Not for Profit

B. Please identify your Business Sub-Type: select one

Association Society Marketing Board Other: _____

C. Is your organization registered with the Nova Scotia Registry of Joint Stocks?

Yes No If yes, please provide your RJS # _____

D. Please identify one of the following (1-5): select one

1. Commodity Organization / Association: (select one)

Cattle Sheep Chicken Organic Horticulture
 Landscape Maple Beekeeping Egg Fruit Growers
 Pork Soil & Crop Turkey Wild Blueberry Other _____

2. General Farm Organization

3. Exhibition

Class A Class B Community Fair

4. Other Organization / Association _____

E. Do you have a Premise ID #? (this number is currently used for all traceability projects)

Yes No If yes please provide # _____

SECTION 2 – Educational/Research Institution

Please identify your Business Sub-Type: (select one)

University College School (P12) Research Institution

Is your organization registered with the Nova Scotia Registry of Joint Stocks?

Yes No If yes, please provide your RJS # _____

Do you have a Premise ID #? (this number is currently used for all traceability projects)

Yes No If yes, please provide # _____

SECTION 3 – Government

Please identify your Business Classification: (select one)

Government Agency Federal Government Provincial Government Crown Corporation Municipality

Statement of Certification

By submitting this registration form, I acknowledge and agree with the following:

- to the best of my knowledge and ability, that the information provided on this registration form is accurate;
- I consent to the disclosure and use of the information by officials of the Nova Scotia Department of Agriculture, officials of other programs offered by the Government of Canada or the Province of Nova Scotia, and cooperating funding partners, where the Information is relevant for the purposes of audit, analysis, evaluation, program development and determining assistance;
- I acknowledge that any information provided, unless disclosed in the manner and for the purposes to which I have consented above, will be subject to the confidentiality and disclosure provisions of the *Freedom of Information and Protection of Privacy Act (FOIPOP)*.

Applicant Name (print)

Signature

Date

Return completed Program Funding Registration Form to:

Department of Agriculture
Programs and Business Risk Management Division 74
Research Drive, Suite A, Bible Hill, NS B6L 2R2 Phone
902-893-6377 or toll-free 1-866-844-4276
Fax: 902-893-7579
Email: prm@novascotia.ca
Website: <http://novascotia.ca/programs/>

Je préfère recevoir le formulaire
d'inscription au financement pour les
programmes agricoles en français