

Date Received:

PROGRAM FUNDING REGISTRATION – Farm Applicants

Section 1: Farm Contact Information (print or type)

Farm Name		
Mailing Address	Town	Postal Code
Farm Civic Address (if different)	Town	Postal Code
Telephone	Cell	Fax
Email		
What name can payments be processed in?	<input type="checkbox"/> Farm Name or	
	<input type="checkbox"/> Contact Name	
How would you prefer to be contacted <input type="checkbox"/> Email <input type="checkbox"/> Mail		
County (select one)		
<input type="checkbox"/> Annapolis	<input type="checkbox"/> Antigonish	<input type="checkbox"/> Cape Breton
<input type="checkbox"/> Cumberland	<input type="checkbox"/> Digby	<input type="checkbox"/> Guysborough
<input type="checkbox"/> Hants	<input type="checkbox"/> Inverness	<input type="checkbox"/> Kings
<input type="checkbox"/> Pictou	<input type="checkbox"/> Queens	<input type="checkbox"/> Richmond
<input type="checkbox"/> Victoria	<input type="checkbox"/> Yarmouth	<input type="checkbox"/> Colchester
		<input type="checkbox"/> Halifax
		<input type="checkbox"/> Lunenburg
		<input type="checkbox"/> Shelburne
Primary Contact Name: Authorized to request, receive or change information		
Title / Position		
<input type="checkbox"/> CEO	<input type="checkbox"/> Director	<input type="checkbox"/> Executive Director
<input type="checkbox"/> Owner / Operator/Partner	<input type="checkbox"/> President	<input type="checkbox"/> Project Lead
<input type="checkbox"/> Shareholder		<input type="checkbox"/> Manager
		<input type="checkbox"/> Secretary
Telephone	Cell	Email

Section 2: Farm Business Information

A. Please identify your Business Sub-Type: <input type="checkbox"/> Cooperative <input type="checkbox"/> Community Pasture <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor																							
B. Farm Registration #		C. CRA Business #																					
D. Do you have an Environmental Farm Plan (EFP)?		<input type="checkbox"/> Yes – Please attach appendix A & B only Expiry Date: _____ <input type="checkbox"/> No																					
E. Please identify your commodities (if raising fur-bearing animals identify your license # _____) Primary Commodities: _____ Secondary Commodities: _____																							
F. County of Primary Agriculture Production (select one) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Annapolis</td> <td><input type="checkbox"/> Antigonish</td> <td><input type="checkbox"/> Cape Breton</td> <td><input type="checkbox"/> Colchester</td> </tr> <tr> <td><input type="checkbox"/> Cumberland</td> <td><input type="checkbox"/> Digby</td> <td><input type="checkbox"/> Guysborough</td> <td><input type="checkbox"/> Halifax</td> </tr> <tr> <td><input type="checkbox"/> Hants</td> <td><input type="checkbox"/> Inverness</td> <td><input type="checkbox"/> Kings</td> <td><input type="checkbox"/> Lunenburg</td> </tr> <tr> <td><input type="checkbox"/> Pictou</td> <td><input type="checkbox"/> Queens</td> <td><input type="checkbox"/> Richmond</td> <td><input type="checkbox"/> Shelburne</td> </tr> <tr> <td><input type="checkbox"/> Victoria</td> <td><input type="checkbox"/> Yarmouth</td> <td></td> <td></td> </tr> </table>				<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		
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G. How many years have you been farming?																							
H. Do you have a Premise ID # (this number is currently used for all traceability projects) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the # _____																							
I. Are you an on-farm processing facility? <input type="checkbox"/> Yes (if yes answer K, L, M)																							

J. Is your processing facility meat or non-meat? <input type="checkbox"/> Meat <input type="checkbox"/> Non-Meat		
Select all that apply for Meat Facilities: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Beef <input type="checkbox"/> Sheep </div> <div style="width: 30%;"> <input type="checkbox"/> Chicken <input type="checkbox"/> Turkey </div> <div style="width: 30%;"> <input type="checkbox"/> Pork <input type="checkbox"/> Other: _____ </div> </div>		
Select all that apply for Non-Meat Facilities: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Apple <input type="checkbox"/> Brewery <input type="checkbox"/> Distillery <input type="checkbox"/> Greenhouse Vegetable <input type="checkbox"/> Strawberry </div> <div style="width: 30%;"> <input type="checkbox"/> Blueberry (High Bush) <input type="checkbox"/> Cranberry <input type="checkbox"/> Egg <input type="checkbox"/> Maple <input type="checkbox"/> Winery </div> <div style="width: 30%;"> <input type="checkbox"/> Blueberry (Low-Bush) <input type="checkbox"/> Dairy <input type="checkbox"/> Field Vegetable <input type="checkbox"/> Oilseed / Grain <input type="checkbox"/> Other </div> </div>		
K. Is your processing facility:	<input type="checkbox"/> Provincially Inspected Business Name on License: _____	<input type="checkbox"/> Federally Inspected Business Name of License: _____
L. Are you registered with the Canadian Food Inspection Agency? <input type="checkbox"/> Yes If yes, provide your CFIA registration #: _____		

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 form is accurate;
- I consent to the disclosure and use of 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 purpose of audit, analysis, evaluation, program development and determining assistance;
- I acknowledge that any information provided, unless disclosed in the manner and for the purpose 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**

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

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