

<b>Date Received:</b>
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## PROGRAM FUNDING REGISTRATION – Agri-Business Applicants

### Section 1: Contact Information (print or type)

<b>Business Name</b>		
<b>Mailing Address</b>	<b>Town</b>	<b>Postal Code</b>
<b>Civic Address (if different)</b>	<b>Town</b>	<b>Postal Code</b>
<b>Telephone</b>	<b>Cell</b>	<b>Fax</b>
<b>Email</b>		
<b>How would you prefer to be contacted</b> <input type="checkbox"/> Email <input type="checkbox"/> Mail		
<b>County (select one)</b> <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		
<b>Primary Contact Name:</b> Authorized to request, receive, or change information		
<b>Title / Position</b> <input type="checkbox"/> CEO <input type="checkbox"/> Director <input type="checkbox"/> Executive Director <input type="checkbox"/> Manager <input type="checkbox"/> Owner / Operator/Partner <input type="checkbox"/> President <input type="checkbox"/> Project Lead <input type="checkbox"/> Secretary <input type="checkbox"/> Shareholder		
<b>Telephone</b>	<b>Cell</b>	<b>Email</b>

<b>Additional Contact:</b> Authorized to request, receive, or change information		
<b>Title / Position</b>		
<input type="checkbox"/> CEO <input type="checkbox"/> Director <input type="checkbox"/> Executive Director <input type="checkbox"/> Manager <input type="checkbox"/> Owner / Operator/Partner <input type="checkbox"/> President <input type="checkbox"/> Project Lead <input type="checkbox"/> Secretary <input type="checkbox"/> Shareholder		
<b>Telephone</b>	<b>Cell</b>	<b>Email</b>

### Section 2: Business Information

<b>A. Please identify your Business Sub-Type:</b> Select one <input type="checkbox"/> Corporation (for-profit) <input type="checkbox"/> Corporation (Not-for-profit) <input type="checkbox"/> Cooperative <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other: _____
<b>B. CRA Business #</b>
<b>C. Is your organization registered with the Nova Scotia Registry of Joint Stocks?</b> <input type="checkbox"/> Yes    RJS # _____
<b>D. County where the Agri-Business Facility is located:</b> <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

### Section 3: Business Operations

<b>A. Please identify your current Business Operations:</b> select all that apply
<b>B. Is your processing facility meat or non-meat?</b> <input type="checkbox"/> Meat <input type="checkbox"/> Non-Meat
<b>Select all that apply for Meat Facilities:</b> <input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Pork <input type="checkbox"/> Sheep <input type="checkbox"/> Turkey <input type="checkbox"/> Other: _____
<b>Select all that apply for Non-Meat Facilities:</b> <input type="checkbox"/> Apple <input type="checkbox"/> Blueberry (High Bush) <input type="checkbox"/> Blueberry (Low-Bush) <input type="checkbox"/> Brewery <input type="checkbox"/> Cranberry <input type="checkbox"/> Dairy <input type="checkbox"/> Distillery <input type="checkbox"/> Egg <input type="checkbox"/> Field Vegetable <input type="checkbox"/> Greenhouse Vegetable <input type="checkbox"/> Maple <input type="checkbox"/> Oilseed / Grain <input type="checkbox"/> Strawberry <input type="checkbox"/> Winery <input type="checkbox"/> Other



## 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).

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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](mailto:prm@novascotia.ca)

Website: <http://novascotia.ca/programs/>

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