

Date Received:

# **PROGRAM FUNDING REGISTRATION – Agri-Business Applicants**

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

Business Name				
Mailing Address	Tow	n		Postal Code
Civic Address (if different)	Tow	n		Postal Code
Telephone	Cell			Fax
Email			I	
How would you prefer to be c	ontacted 🗆 Email 🛛	🗌 Mail		
County (select one)				
🗆 Annapolis	🗆 Antigonish	🗆 Ca	pe Breton	Colchester
$\Box$ Cumberland	🗌 Digby	🗆 Gι	uysborough	🗆 Halifax
🗆 Hants	Inverness	🗆 Kii	ngs	🗆 Lunenburg
🗆 Pictou	Queens	🗆 Rie	chmond	🗆 Shelburne
🗆 Victoria	$\Box$ Yarmouth			
Primary Contact Name: Authorized to request, receive, or change information				
Title / Position				
	□ Director	🗆 Ex	ecutive Dire	ctor 🗌 Manager
□ Owner / Operator/Partner	President		oject Lead	
□ Shareholder			-	
Telephone	Cell		Email	



Additional Contact: Authorized to request, receive, or change information			
Title / Position			
<ul> <li>CEO</li> <li>Owner / Operator/Partner</li> <li>Shareholder</li> </ul>	□ Director □ President	<ul> <li>Executive Director</li> <li>Project Lead</li> </ul>	<ul> <li>Manager</li> <li>Secretary</li> </ul>
Telephone	Cell	Email	

#### Section 2: Business Information

Α.	Please identify your Business Sub-Type: Select one				
	□ Corporation (for-pr	ofit) 🛛 🗆 Corporat	ion (Not-for-profit)	Cooperative	
	Partnership	🗆 Sole Prop	rietor	□ Other:	
В.	CRA Business #				
С.	Is your organization re	egistered with the N	lova Scotia Registry	of Joint Stocks?	
	□ Yes   RJS #				
D.	County where the Agr	i-Business Facility is	located:		
	Annapolis	Antigonish	Cape Breton	Colchester	Cumberland
	🗆 Digby 🛛	Guysborough	🗌 Halifax	Hants	Inverness
	🗆 Kings 🛛	Lunenburg	🗌 Pictou	Queens	Richmond
	🗆 Shelburne 🛛	Victoria	$\Box$ Yarmouth		

## Section 3: Business Operations

Α.	A. Please identify your current Business Operations: select all that apply			
в.	Is your processing facility meat or non-meat?   Meat Non-Meat			
	Select all that apply for Meat Faci	lities:		
	🗆 Beef	🗌 Chicken	🗆 Pork	
	🗆 Sheep	🗌 Turkey	□ Other:	
	Select all that apply for Non-Meat Facilities:			
	🗆 Apple	🗌 Blueberry (High Bush)	🗆 Blueberry (Low-Bush)	
	Brewery	🗆 Cranberry	🗆 Dairy	
	Distillery	🗆 Egg	Field Vegetable	
	🗆 Greenhouse Vegetable	🗆 Maple	🗆 Oilseed / Grain	
	Strawberry	🗆 Winery	□ Other	



C.	Is your processing facility:	Provincially Inspected	□ Federally Inspected
		Business Name on License:	Business Name of License:
D.	Are you registered with the Canad	ian Food Inspection Agency?	
	□ Yes If yes, provide your CFIA re	gistration #:	
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Ε.		Yes 🗆 No	
	If yes, check all that apply:	_	
	Beef	🗌 Chicken	Pork
	🗆 Sheep	🗆 Turkey	□ Other:
F.	Is your Abattoir facility:	Provincially Inspected	$\Box$ Federally Inspected
		Business Name on License:	Business Name of License:
G.	Is your Abattoir registered with th	e Canadian Food Inspection Agency?	
	□ Yes If yes, provide your CFIA registration #:		
н.	. Is your facility an Auction Facility: 🗆 Yes 📄 No		
١.			
J.	Do you have a Premise ID # (this n	umber is currently used for all traceab	ility projects)
	□ Yes □ No If yes, please provide the #		
	, ., .		-

## Section 4: Locally Sourced Inputs

Please list your locally sourced raw agriculture inputs or products		
Supplier	Location (County)	Phone #



## **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