

Date Received:

PROGRAM FUNDING REGISTRATION

- Industry Organization / Association (Complete Section 1 & 2)
- Educational / Research Institution (Complete Section 1 & 3)
- Government (Complete Section 1 & 4)

Section 1: Contact Information (print or type)

Organization Name		
Mailing Address	Town	Postal Code
Civic Address (if different)	Town	Postal Code
Telephone	Cell	Fax
Email		
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

Additional Contact: 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"/> Manager <input type="checkbox"/> Owner / Operator/Partner <input type="checkbox"/> President <input type="checkbox"/> Project Lead <input type="checkbox"/> Secretary <input type="checkbox"/> Shareholder		
Telephone	Cell	Email

Section 2: Industry Organizations / Associations

A. Is your Industry Organization / Association a <input type="checkbox"/> For Profit <input type="checkbox"/> Not for Profit
B. Please identify your Business Sub-Type: Select one <input type="checkbox"/> Association <input type="checkbox"/> Society <input type="checkbox"/> Marketing Board <input type="checkbox"/> Other: _____
C. CRA Business #
D. Is your organization registered with the Nova Scotia Registry of Joint Stocks? <input type="checkbox"/> Yes RJS # _____
E. Please identify one of the following: 1. <input type="checkbox"/> Commodity Organization / Association <input type="checkbox"/> Beekeeping <input type="checkbox"/> Cattle <input type="checkbox"/> Chicken <input type="checkbox"/> Egg <input type="checkbox"/> Fruit Growers <input type="checkbox"/> Horticulture <input type="checkbox"/> Landscape <input type="checkbox"/> Maple <input type="checkbox"/> Organic <input type="checkbox"/> Pork <input type="checkbox"/> Sheep <input type="checkbox"/> Soil / Crop <input type="checkbox"/> Turkey <input type="checkbox"/> Wild Blueberry <input type="checkbox"/> Other: _____ 2. <input type="checkbox"/> General Farm Organization 3. <input type="checkbox"/> Exhibition <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Community Fair 4. Other Organization / Association: _____
F. Do you have a Premise ID (this number is currently used for all traceability projects) <input type="checkbox"/> Yes # _____

Section 3: Educational / Research Institution

A. Please identify your Business Sub-Type: (select one) <input type="checkbox"/> University <input type="checkbox"/> College <input type="checkbox"/> School (P12) <input type="checkbox"/> Research Institution
B. Is your organization registered with the Nova Scotia Registry of Joint Stocks? <input type="checkbox"/> Yes RJS #: _____
C. Do you have a Premise ID #? (this number is currently used for all traceability projects) <input type="checkbox"/> Yes # _____

Section 4: Government

A. Please identify your Business Classification: (select one) <input type="checkbox"/> Government Agency <input type="checkbox"/> Federal Government <input type="checkbox"/> Provincial Government <input type="checkbox"/> Grown Corporation <input type="checkbox"/> 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 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