

## COVID-19 Agriculture Response Program Application

Applications will be accepted between **May 15, 2020** and **December 31, 2020**

### Eligibility Requirements Checklist:

1. Program Funding Registration Form:
  - New client to programs since 2018 to complete form
  - Returning client to update form as necessary
2. Is at least 19 years of age
3. Is one of the following:
  - A farm currently and properly registered in the correct income category under the *Farm Registration Act*
  - Agri-business
  - Industry Organization / Association
  - Abattoir:
    - Provincially licensed  Federally licensed
  - Other (will be considered upon request)

**NOTE: The above requirements must be met or the application will not be processed. Reference program guidelines for eligible projects, project timelines, claim dates, etc.**

File Number	Date Received
-------------	---------------

### Section 1 - Applicant Information

Business / Farm Name		Applicant Name	
Telephone	Cellular	Email	

#### County of Project Location (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  |

## Section 2 – COVID-19 Impact

Describe how the COVID-19 pandemic has negatively/positively affected your agricultural operation and the challenges you are facing:

### Section 3 – Project Details

List the project details and estimated cost below:

Project(s)	Project Cost (\$)
<b>Total Project Cost</b>	

Project(s)	Project Cost (\$)
Total Project Cost	

## Statement of Certification

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

- To the best of my knowledge and ability, that the information provided on this application form is accurate;
- That I have read the Program Guidelines and, if the application is approved in whole or in part, I agree to abide by the terms and conditions as set out in the Program Guidelines;
- I consent to the audit and verification of the information at any time prior to project commencement, during work, or upon completion of the project. Such audit and verification may be performed by the Department of Agriculture, federal government or other parties chosen by Department of Agriculture for audit and verification purposes;
- I consent to the use and disclosure of the information by officials of the Nova Scotia Department of Agriculture, officials of programs offered by the Government of Canada or 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 agree to repay any amount determined through audit or inspection that is deemed to have been provided in excess of the government contributions to which I am entitled;
- I consent to the release of my name and the amount of any support received under the Program as public information, to be actively disseminated by the Province of Nova Scotia and Government of Canada;
- I acknowledge that any other 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)*; and
- I confirm that I have the authority to bind the applicant.

\_\_\_\_\_  
Applicant Name (print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## Return completed form and documents above to:

**Nova Scotia Department of Agriculture  
Programs and Business Risk Management Division**

74 Research Drive  
Bible Hill, NS B6L 2R2

**Questions?** Call 902-893-6377 or 1-866-844-4276, Fax: 902-893-7579

Email: [prm@novascotia.ca](mailto:prm@novascotia.ca) Website: [novascotia.ca/programs](http://novascotia.ca/programs)

Je préfère recevoir tous les formulaires en français.