

Date Received:

PROGRAM FUNDING REGISTRATION – Farm Applicants

Farm Contact Information (print or type)

Farm Name

Mailing address	Town	Postal code
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Farm civic address (if different from above)	Town	Postal code
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Telephone	Cell	Fax
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Email

County (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 | | | |

Primary Contact Name: authorized to request, receive or change information

Title / Position

- | | | | | |
|---|---------------------------------------|-----------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Owner/Operator/Partner | <input type="checkbox"/> CEO | <input type="checkbox"/> Director | <input type="checkbox"/> Secretary | <input type="checkbox"/> Shareholder |
| <input type="checkbox"/> Executive Director | <input type="checkbox"/> Project Lead | <input type="checkbox"/> Manager | <input type="checkbox"/> President | |

Telephone	Cell	Email
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Additional Contact: authorized to request, receive or change information

Title / Position

- | | | | | |
|---|---------------------------------------|-----------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Owner/Operator/Partner | <input type="checkbox"/> CEO | <input type="checkbox"/> Director | <input type="checkbox"/> Secretary | <input type="checkbox"/> Shareholder |
| <input type="checkbox"/> Executive Director | <input type="checkbox"/> Project Lead | <input type="checkbox"/> Manager | <input type="checkbox"/> President | |

Telephone	Cell	Email
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Farm Business Information (print or type)

A. Please identify your Business Sub-Type: (select one)

Sole Proprietor Partnership Corporation Cooperative Community Pasture

B. Farm registration

C. Do you have an Environmental Farm Plan (EFP)?

Yes -please attach appendix A&B only

Expiry Date: _____

No

D. Please identify your commodities: (if raising fur-bearing animals please identify your license # _____)

Primary Commodities: _____

Secondary Commodities: _____

E. County of Primary Agriculture Production (select one)

Annapolis Antigonish Cape Breton Colchester Cumberland Digby Guysborough
 Halifax Hants Inverness Kings Lunenburg Pictou Queens
 Richmond Shelburne Victoria Yarmouth

F. How many years have you been farming?

G. Are you an on - farm processing facility?

Yes No - proceed to question K

H. Is your processing facility meat or non meat?

Meat
(Select all that apply)

Beef Pork Sheep Chicken Turkey
 Other _____

Non Meat
(Select all that apply)

Dairy Greenhouse Vegetable Field Vegetable Blueberry (Low-Bush) Blueberry (High Bush)
 Maple Oilseed / Grain Winery Apple Strawberry
 Egg Brewery Distillery Strawberry Cranberry
 Other _____ Other _____

I. Is your processing facility:

Provincially Inspected Yes No

Federally Inspected Yes No

J. Are you registered with the Canadian Food Inspection Agency?

Yes No If yes, please provide your CFIA registration # _____

K. Do you have a Premise ID #? (this number is currently used for all traceability projects)

Yes No If yes, please provide # _____

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 the 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 purposes of audit, analysis, evaluation, program development and determining assistance;
- I acknowledge that any 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).

Applicant Name (print)

Signature

Date

Return completed Program Funding Registration Form to:

Department of Agriculture
Programs and Business Risk Management Division
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