

Business Advisory Services Program Application

Applications will be accepted between **February 1, 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 a farm that is currently and properly registered in the correct income category under the *Farm Registration Act* or an Agri-Business or Industry Organization/Association
3. Generate an annual eligible gross income of **\$30,000 or more** (unless not-for-profit)
Is proof of income attached? Yes No *Already submitted*
4. Is at least 19 years of age
5. Consultant quotes attached

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
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Section 1 - Applicant Information

Business/Farm Name		Applicant Name	
Telephone	Cellular	Email	

Section 2 – Consultant Details

Project 1	Consultant	Quote Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project 2	Consultant	Quote Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project 3	Consultant	Quote Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project 4	Consultant	Quote Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Project 5	Consultant	Quote Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3 – Details about your Proposed Project(s)

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 |

Projects	Total Project Cost \$
<input type="checkbox"/> Business Plan	
<input type="checkbox"/> Marketing Plan	
<input type="checkbox"/> Succession Plan	
<input type="checkbox"/> Strategic Plan	
<input type="checkbox"/> Feasibility / Marketing Study	
<input type="checkbox"/> Efficiency Improvement Plan	
<input type="checkbox"/> Food Safety Plan	<input type="checkbox"/> Needs Assessment
	<input type="checkbox"/> Gap Assessment
	<input type="checkbox"/> Pre-audit Assessment
	<input type="checkbox"/> HACCP Based Plan
	<input type="checkbox"/> Regulatory Based Plan
	<input type="checkbox"/> Global Food Safety Initiative Plan
<input type="checkbox"/> Farm Health & Safety Plan	<input type="checkbox"/> Needs Assessment
	<input type="checkbox"/> Gap Assessment
	<input type="checkbox"/> Engineering Certification
	<input type="checkbox"/> Occupational Hygienist Services
	<input type="checkbox"/> Development of Farm Safety Plan
	<input type="checkbox"/> Hazard Assessment
	<input type="checkbox"/> Risk Assessment
<input type="checkbox"/> Translation Services	<input type="checkbox"/> Food Safety Plan
	<input type="checkbox"/> Farm Safety Plan
	<input type="checkbox"/> Product Labels
<input type="checkbox"/> Graphic Design for Product Packaging	<input type="checkbox"/> Domestic
	<input type="checkbox"/> International
TOTAL	

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 Website: novascotia.ca/programs

Je préfère recevoir tous les formulaires en français.