

**Before you start**

This form must be filled out using Adobe Acrobat Reader.

In order to ensure that your claim form is filled out accurately and completely, you must use Adobe Acrobat Reader to fill out this form.

Although your form may *appear* to be filled out correctly when using non-Adobe software, Adobe Acrobat Reader is the only software that will properly retain your claim form details.

Non-Adobe software such as Microsoft Office products and internet web browsers (i.e. Google Chrome, Firefox, Internet Explorer, EDGE, and Safari) as well as scanned applications are NOT supported. All mobile devices including iphones, androids, ipads and MAC computers are also NOT compatible.

Applicants that do not complete this form in Adobe Acrobat Reader will be required to resubmit their application using Adobe Acrobat Reader. Applicants who complete this form using non-Adobe software will be required to **redo and resubmit** using Adobe software before it can be accepted.

**TO COMPLETE THIS FORM:**

1. Download a free version of Adobe Acrobat Reader if you do not already have it installed on your computer. <https://get.adobe.com/reader/>
2. Save this claim form to your computer before you begin filling it out.
  - File > Save As > [give the file a name] > Save.
  - Do NOT fill out this form in your internet browser window.
3. Open the file from your computer.
  - Make sure that the file is opening in the Adobe Acrobat Reader software.
  - You can work on completing the claim form at any time. Remember to save your file along the way.
  - Once complete, save the file.
4. Email the Adobe-completed PDF claim form as an attachment to [AgRuralPrograms@ontario.ca](mailto:AgRuralPrograms@ontario.ca)
  - Do not send your document using Adobe Cloud.

ALL APPLICANTS MUST BE REGISTERED INTO THE TRANSFER PAYMENT COMMON REGISTRATION SYSTEM PRIOR TO SUBMITTING THIS FORM

- Complete **Transfer Payment Common Registration (TPCR)** - follow the instructions at <https://www.ontario.ca/page/get-funding-ontario-government>. Need help with TPCR registration? Call the Grants Ontario Help Desk at 1-855-216-3090 or (416) 325-6691
- Complete **Electronic Funds Transfer (EFT) registration** – follow instructions at [www.doingbusiness.mgs.gov.on.ca/mbs/psb/psb.nsf/English/directdeposit](http://www.doingbusiness.mgs.gov.on.ca/mbs/psb/psb.nsf/English/directdeposit) for “Supplier Registration and Application for Direct Deposit/Electronic Funds Transfer Form”

I attest that:

I am registered in TPCR and EFT and have ensured my information is current; or

I have completed all required steps to enroll in TPCR and EFT

**Section 1: Applicant's Business Information**

**A. Business Contact and Business Name(s)**

First Name

Last Name

Job Title

Operating Name of Business/Organization (Name under which the business operates)

Legal Name of Business/Organization (Complete name business is registered under)

Same as Operating Name or:

Business Email Address

Phone

**Business Mailing Address**

Address

City/Town

Municipality

Province

Postal Code

## Location of Project

Address

City/Town

Municipality

Province

Postal Code

## B. Business Number – Canada Revenue Agency Client Number

The Business number is a 9-digit business identifier used in Canada to which clients can register program accounts with the Canada Revenue Agency (CRA). The program account number consists of three parts: The Business Number, the two letter program identifier, and the four digit reference number. [cra-arc.gc.ca/tx/bsnss/tpcs/bn-ne/wrks-eng.html](http://cra-arc.gc.ca/tx/bsnss/tpcs/bn-ne/wrks-eng.html)

RC	0	0	0	0
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OR

I/we confirm I/we do not have a CRA Number

## C. Farm Business Registration Number (FBRN), If Applicable.

A Farm Business Registration Number (FBRN) for a qualifying business can be received by registering with the OFA, CFFO or NFU-O. This is a six- to seven-digit number. Farm businesses that earn a gross farm income of \$7,000 or more (for income tax purposes) are required by legislation to register their business.

If applicable, please indicate if you have qualified for one of the following FBRN exemptions. Further documentation may be required to verify your exemption status.

Religious exemption

Cultural exemption

## D. Ownership Structure

Sole Proprietorship

Registered Professional Partnership

Incorporated Business

Community or other Not-for-profit

Cooperative

## E. Business Type

Farm Business

Primary Post- Harvest Processor

On-Farm Service Provider

Corn detassellers

Chicken catchers

Transporters of agricultural commodities

Hatcheries

## F. Criteria for Written Plan to Prevent Disease Spread

For any expenses to be eligible, the Employer must have a written COVID-19 workplace safety plan documenting steps in place to limit the spread of disease throughout the operation. For assistance with this please visit [COVID](#) plan. The written plan must be supported by the relevant union or health and safety committee, if applicable. The Employer must submit a copy of the written plan with this Submission Form. Confirm the following about the written plan:

The Employer has a written COVID-19 workplace safety plan documenting steps in place to limit the spread of disease throughout the operation. The Employer is submitting a copy of the plan with this Submission For, and

The relevant union or health and safety committee supports the written plan, or this is not applicable.

## G. Describe your business/organization and the products/services it provides. (200 words maximum)

<b>H. Number of Employees</b> (if does not apply please put "0")		<b>Breakdown</b>		
<b>Employees</b>	<b>Total Number</b>	Domestic Workers	Temporary Foreign Workers	Seasonal Workers
Full-time (30 hours or more/week)				
Part-time (less than 30 hours/week)				

## I. Commodity

Primary Commodity – Identify commodity that contributes to the majority of gross income

Crop Production	Animal Production	Primary Processing
Oilseed and Grain (1111)	Beef Cattle including feedlots (11211)	Grain and Oilseed Milling (3112)
Vegetable and Melon Farming (1112)	Dairy Cattle and Milk Production (11212)	Fruit and Vegetable Preserving and Specialty Food (3114)
Fruit and Tree Nut Farming (1113)	Hog and Pig farming (11221)	<b>Other</b>
Food Crops Grown Under Cover (11141)	Poultry and egg Production (1123)	Support Activities for Crop Production (115110)
Nursery and Floriculture Production (11142)	Sheep Farming (11241)	Support Activities for Animal Production (115210)
Maple Syrup and Products Production (111994)	Goat Farming (112420)	Rail transportation (482)
Other Crop Farming (1119) (e.g. sugar beets, hay, herbs, spices, mint, hops)	Aquaculture CAN (112510)	Truck Transportation (484)
<b>General Manufacturing</b>	Apiculture (112910)	Warehousing and storage (493)
Tobacco Manufacturing (3122) (Note: Cigarette manufacturing is <b>NOT</b> eligible)	Fur-Bearing Animal and Rabbit Production (112930)	Cannabis
	Horse and Other Equine Production (112920)	<b>Wholesale and Retail Sales</b>
	All other Animal Production (including deer, elk, and llama) (1129)	Farm Product Wholesaler-Distributors (4111)

**Section 2: Project Description and Expenses**  
(200 words maximum)

### J. Project Timeline and Eligible Costs (Continued)

In the table below, consolidate all costs under the respective cost category and provide the total the costs that you will be submitting within the respective five eligible cost item categories. All information required below must be included (in Canadian dollars). In order to be eligible, costs must be for procurement of goods and services through a transaction with a third-party that is at Arm's Length from the successful applicant. Only costs from March 13, 2021 up to the date of submission can be included. All costs must be paid at time of submission.

Provide the costs you are looking to have reimbursed	Explanation of costs <ul style="list-style-type: none"> <li>• For wages provide total number of workers</li> <li>• For accommodation provide days of isolation</li> <li>• For ancillary costs provide explanation of costs</li> <li>• For meals provide number of employees and number of days of isolation</li> </ul>	Eligible Costs  For each cost category provide total sum of all wages/ expenses

Wages sub-total		Accommodations sub-total	
Meals sub-total		Travel sub-total	
Ancillary Accommodation Costs sub-total			
<b>Line A: Total Eligible Costs (Sum of all sub-totals)</b>			

### Section 3: Declaration, Acknowledgements, Certification and Submission

NOTICE OF COLLECTION OF PERSONAL INFORMATION: Ontario may collect the Social Insurance Number (SIN) of a sole proprietor, partner in a partnership or a member of an unincorporated entity where they do not have a Canada Revenue Agency business number, in order to meet its obligations under the Income Tax Act (Canada), and for the purposes of auditing and collection of over-payments, as set out in Part VIII of the Minister's Order 0004/2020. If you have any questions or concerns regarding the collection of this information, please contact: Administrative Services Representative, Rural Programs Branch, Ontario Ministry of Agriculture, Food and Rural Affairs, at 1 Stone Rd. W, Guelph ON N1G 4Y2, phone: 226-979-7884.

By submitting this submission form, I declare, acknowledge, certify and agree as the case may be that:

- I have read, understand and agree to all the requirements set out in the Program Guidelines under the Minister's Order 0004/2020
- I am authorized by the Applicant's business to declare that it meets the eligibility requirements under the Enhanced Agri-food Workplace Protection Program ('the Program') to submit this form on behalf of the business and to bind the business to its contents and to the terms and conditions of the Program as set out in the Program Guidelines, which I agree creates a binding agreement between the business and Her Majesty the Queen in right of Ontario, as represented by the Minister of Agriculture, Food and Rural Affairs (OMAFRA)
- All information submitted on the submission form is true and complete, to the best of my knowledge, belief and understanding
- Provision of false or misleading information may lead to the revocation of eligibility to continue participation in this Program.

Name

Title

Email

Date (YYYY/MM/DD)

Submit your form by email:

[AgRuralPrograms@ontario.ca](mailto:AgRuralPrograms@ontario.ca)

Only send files smaller than 10MB

Only send files that do not contain live links