
EAWP-WCP Application Form

Before you start

This form must be filled out using Adobe Acrobat Reader.

In order to ensure that your 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 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 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 form at any time. Remember to save your file along the way.
 - Once complete, save the file.
4. Email the Adobe-completed PDF form as an attachment to 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 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

RC	0	0	0	0
----	---	---	---	---

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)**

H. Number of Employees (if does not apply please put "0")		Breakdown		
Employees	Total Number	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)	Other
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)
General Manufacturing	Apiculture (112910)	Warehousing and storage (493)
Tobacco Manufacturing (3122) (Note: Cigarette manufacturing is NOT eligible)	Fur-Bearing Animal and Rabbit Production (112930)	Cannabis
	Horse and Other Equine Production (112920)	Wholesale and Retail Sales
	All other Animal Production (including deer, elk, and llama) (1129)	Farm Product Wholesaler-Distributors (4111)

Section 2: Activities and Expenses

Describe the activities you expect to be completing that will limit the spread of COVID-19 throughout the operation. (200 words maximum)

Word Count: 0 of 200

J. To what extent will this project help your business do the following:*

	To a great extent	Somewhat	Very little	Not at all	N/A
Implement proactive health and safety measures					
Implement health and safety measures in response to COVID-19 outbreak					

K. Indicate which of the following impact you expect your business will achieve as a result of the project

	Will achieve	Will not achieve	N/A
Improved anticipation mitigation, response to COVID-19 risks			
Impacts of production losses, market volatility, extreme events, or disasters are avoided/minimized			
Maintained production output to meet customer demand			
Increased productivity (e.g. from reduced absenteeism from sick employees)			

Primary Project Activity:

- Purchase COVID related PPE
- Purchase equipment for testing worker health (body temperature remote sensors, thermometers)
- Purchase sanitation equipment/ supplies/ cleaning services to enhance cleaning
- Make modifications to work spaces (barriers, touchless systems, portable tables, seating, washrooms/wash stations)
- Make modifications to living quarters (walls, barriers, appliances) to allow for physical distancing
- Purchase or rent transportable housing for accommodations to allow for physical distancing
- Rent additional off-site housing accommodations to allow for physical distancing
- Install new HVAC system to allow for air filtration/circulation
- Purchase WIFI equipment to allow for physical distancing
- Translation services/Transportation services
- Purchase of Agriculture/agri-food equipment/machinery that will enable physical distancing
- Rapid COVID-19 antigen testing
- Vaccine related expenses
- Purchase of wearable technology for contact tracing and social distancing

Secondary Project Activity:

- Purchase COVID related PPE
- Purchase equipment for testing worker health (body temperature remote sensors, thermometers)
- Purchase sanitation equipment/ supplies/ cleaning services to enhance cleaning
- Make modifications to work spaces (barriers, touchless systems, portable tables, seating, washrooms/wash stations)
- Make modifications to living quarters (walls, barriers, appliances) to allow for physical distancing
- Purchase or rent transportable housing for accommodations to allow for physical distancing
- Rent additional off-site housing accommodations to allow for physical distancing
- Install new HVAC system to allow for air filtration/circulation
- Purchase WIFI equipment to allow for physical distancing
- Translation services/Transportation services
- Purchase of Agriculture/agri-food equipment/machinery that will enable physical distancing
- Rapid COVID-19 antigen testing
- Vaccine related expenses
- Purchase of wearable technology for contact tracing and social distancing

L. Project Timeline and Eligible Costs (Continued)

In the table below, itemize the costs that you will be submitting within the respective nine eligible cost item categories. All information required below must be included (in Canadian dollars). Use a line for each cost for which funding is requested. Be as specific as possible; see the Guide for details of eligible items. 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. All goods and services must be ordered and received within the period of eligibility stated in the Program Guidelines. The claim is submitted on a separate document.

Select a drop down for the cost	How is the cost related to COVID 19?		Eligible Costs
PPE - Personal Protective Equipment subtotal (up to \$12,500)		Preventing Disease Spread sub-total	
WIFI Equipment subtotal (up to \$16,666.67)		Accommodations sub-total	
Physical Distancing Measures sub-total		Transportation sub-total	
Translation Services sub-total		Enhanced Sanitation and Disinfection sub-total	
Air Circulation/Filtration sub-total			
Line A: Total Eligible Costs (Sum of all sub-totals)			
Line B: Cost-Share			%
Line C: Calculate Cost-Share Funding (Line A x Line B) (up to \$15,000)			

Section 3: Declaration, Acknowledgments, 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 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

Email

Title

Date (YYYY/MM/DD)

Submit your form by email:

AgRuralPrograms@ontario.ca

Only send files smaller than 10MB

Only send files that do not contain live links