

(ATIP-IN) Partner Declaration Form

1. Project Title – Please use the same project title as included on the main application form

SECTION A – PROJECT PARTNER INFORMATION

2. Business/Organization Information

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 Mailing Address

Address

City/Town

Municipality

Province

Postal Code

Primary Contact for Project

First Name

Last Name

Job Title

Email Address

Phone

3. Gross Business Revenue

Under \$10,000	\$10,000 - \$24,999	\$25,000 - \$49,999	\$50,000 - \$99,999
\$100,000 - \$249,999	\$250,000 - \$499,999	\$500,000 - \$999,999	\$1M - \$1.99M
\$2M - \$4.99M	\$5M - \$9.99M	\$10M - \$49.9M	\$50M - \$99.9M
\$100M - \$199M	\$200M and over	Not-for-profit	

SECTION B – NOTICE, 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 any over-payments, as set out in 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 executing and submitting this Partner Declaration Form form, I certify that:

- I have read, understand and agree to all the requirements set out in the Agri-tech Innovation Program Guidelines ('Program Guidelines');
- I am authorized by the applicant business ('Business') to submit this Partner Declaration form on behalf of the Business and to bind the Business/Organization to its contents and to the requirements set out herein and in the Program Guidelines.
- The Business/Organization meets the eligibility requirements under the Program; and
- All information submitted on this Partner Declaration form is true and complete, to the best of my knowledge, information and belief.

By executing and submitting this Partner Declaration Form, I certify that this Business/Organization has an Arm's Length relationship from the Lead Applicant within the project.

Authorized Signing Officer Name

Title

Email

Date (YYYY/MM/DD)

Submit your form from the authorized signatory's email account to:

AgriTechInnovationProgram@ontario.ca

- Only send files smaller than 10MB
- Only send files that do not contain live links