

## NOTICE – BEFORE YOU START

Please be advised of the following regarding this Application Form:

- Any capitalized terms herein will have the same meaning as set out in the [Guidelines](#).
- This Application Form **must** be filled out using Adobe Acrobat Reader. Applicants that do not use Adobe Acrobat Reader may be required to resubmit their Application Form using Adobe Acrobat Reader.

The Applicant's information **must** also be up to date with both Transfer Payment Ontario and Supply Ontario.

To register with, or update information previously submitted to, Transfer Payment Ontario, visit [Transfer Payment Ontario](#).

To register with, or update information previously submitted to, Supply Ontario, click on [Supply Ontario](#).

If you are the Applicant or are authorized to represent the Applicant, you can register and update the information referred to above.

## COMPLETING THIS APPLICATION FORM

To complete this Application Form, please follow the following steps:

1. Download a free version of Adobe Acrobat Reader if you do not already have it installed on your computer. To receive a free version of Adobe Acrobat Reader, click on [Adobe Acrobat Reader](#).
2. Save this Application Form to your computer **before** you begin filling it out.
  - File > Save As > [give the file a name] > Save
  - Do **not** fill out this Application Form in your internet browser window.
3. Open the file from your computer.
  - Make sure the file is opening in Adobe Acrobat Reader.
  - You can work on completing this Application Form at any time. Remember to save your file along the way.
  - Once the Application Form is complete, save the file.
4. Email the completed PDF Application Form as an attachment to [SustainableCAP3@ontario.ca](mailto:SustainableCAP3@ontario.ca).
  - **Do not** send the Application Form or any supporting information using the Adobe Cloud.

# **I. APPLICANT'S BUSINESS/ORGANIZATION INFORMATION**

## **1. Business/Organization Name and Contact**

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

Legal Name of Business/Organization (Name under which business/organization is registered)

Same as Operating Name or:

## **Business/Organization Mailing Information**

Address

City/Town

Municipality

Province

Postal Code

Website Address (e.g., www.ontario.ca)

## **Business/Organization Primary Contact for Project**

First Name

Last Name

Job Title

Business Email Address

Business Phone Number

## Signatory for the Business/Organization

Same as Business/Organization Primary Contact above or:

First Name

Last Name

Job Title

Business Email Address

Business Phone Number

## 2. Business Number – Canada Revenue Agency Business Number

The Business Number is a 9-digit business identifier used in Canada by which applicants 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.

RC 0 0 0  OR

I confirm I do not have a  
CRA Number

## 3. Ownership Type – Type of structure business/organization file to Canada Revenue Agency

Incorporated Business

Partnership

Sole Proprietorship

Cooperative

**4. Are you the owner of a packing house which washes and/or packs; the product is not chopped and/or changed in a manner that is irreversible? This question is for data purposes only. Both types of processors are eligible.**

Yes

No, I also or exclusively do secondary processing, in which the product is chopped and/or changed in a manner that is irreversible.

## 5. Gross Business/Organization 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 - \$ 49.99M	\$ 50M - \$ 99.99M
\$ 100M - \$ 199M	\$ 200M and over	

6. a) Number of Full-time Employees at the Business/Organization (30 hours or more/week)
- b) Number of Part-time Employees at the Business/Organization (less than 30 hours/week)
- c) Number of Temporary/Seasonal Employees at the Business/Organization

7. **North American Industry Classification System (NAICS) code** - Select the best NAICS code to describe the Applicant's business/organization (see [Guidelines: Appendix B](#) for more details).

8. **Business/Organization Overview** – Brief explanation of the Applicant's business/organization, such as how long the business/organization has been in operation and description of the products/services offered. (150 words maximum)

## II. PROJECT INFORMATION

### SECTION A: PROJECT TITLE AND LOCATION

#### 9. Project Title (10 words maximum)

#### 10. Project Location

Same as Business/Organization Mailing address or:

Address

City/Town

Municipality

Province

Postal Code

#### 11. Premises ID (PID) Number for the Project Location

Please provide your PID for the location of the proposed Project. To obtain a valid PID or update your PID information, please visit [Provincial Premises Registry](#) or call 1-888-247-4999.

N

OR

PID Number for the Project Location  
has been requested but not yet obtained

### SECTION B: PROJECT DETAILS

**12. Project Summary** – Provide a brief one- to two-sentence summary of the proposed Project.(30 words maximum)

**13. Project Description** – Describe what you are doing and why funding is required. Provide the challenges, issues and/or opportunities addressed by the proposed Project. This should align with the Eligible Project Cost in question 21. (500 words maximum)

**14. Is this proposed Project part of a complete plan developed in conjunction with, and resulting from, an assessment or evaluations performed by a qualified person?**

Yes

No

**If Yes, provide a brief summary that demonstrates how the proposed Project fits into a complete plan.  
(200 words maximum)**

**15. Select the activity/activities you will complete as part of the proposed Project (check all that apply):**

Purchasing select management, monitoring and diagnostic tools and equipment

Modifications or additions to existing structures to establish an anteroom or header house into high-risk areas

Modifications to existing structures to facilitate more efficient movement of plants and people to reduce plant health biosecurity risks

Establishing new or existing walkways, laneways or access routes to improve traffic flow efficiency and reduce contamination

Construction of hard surface pad or wash bay facility for cleaning and disinfecting vehicles and equipment outside a Controlled Access Point (CAP) or Controlled Access Zone (CAZ)

Installation of specialized cleaning and disinfection equipment to limit the spread of plant pests

Purchasing plant hygiene or treatment equipment

Installation of a treatment system to remove pathogens, particulates, crop residue or contaminants from water

Construction or modification of a structure used only as a quarantine or isolation facility

**SECTION C: PROJECT IMPACTS AND BENEFITS**

**16. Project NAICS code** - Select the best-fit NAICS code which will benefit the most from the proposed Project (see [Guidelines: Appendix B](#) for more details). Note: Unlike Question 7 above, this question is specifically related to the proposed Project and not your business/organization. The response to the question will have no impact on the assessment of an Applicant's Application Form.

**17. Explain and quantify how the proposed Project addresses the risk of pest introduction or spread. (500 words maximum)**

**18. Explain and quantify how the proposed Project shows the ability to measure and demonstrate efficacy outcomes of disinfection/isolation practices. (500 words maximum)**

**SECTION D – PROPOSED WORK PLAN AND PROJECT COSTS**

**19. Proposed Project Timeline (MM/DD/YYYY)**

Proposed Project Start Date

Proposed Project End Date

(No later than February 1, 2025)



**20. If the proposed Project involves construction of new or modifications to existing structures – Describe the key milestones and activities required to complete the proposed Project.**

Key Milestone(s) and Activities (30 words maximum)	Estimated Start Date (MM/DD/YYYY)	Estimated End Date (MM/DD/YYYY)
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1

2

3

4

5

6

7

**21. Eligible Project Cost** – List each Eligible Cost item (in Canadian dollars) based on quotes/estimates. Only Eligible Costs incurred within the eligible timeframe will be considered. (see [Guidelines: Eligible Costs Under The Initiative](#) for more details).

Eligible Cost Category*	Describe the Eligible Cost and how it will be used (20 words maximum)	Total Cost (A)	Refundable Tax** (B)	Net Cost (C=A-B)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

\* Eligible Cost Category: Equipment Rental, Materials, Salary and wages, Software, Third-party service, Tools/Equipment

\*\* The portion of tax for which the Recipient has received, will receive or is eligible to receive, a rebate, credit or refund.

Note: In addition to a complete Application Form, Applicants must provide quotes detailing proposed Eligible Costs for the Project.

Line D: Total Eligible Costs (Sum of Net Cost from Column C above)			
Line E: Per Cent Cost-Share (35 per cent)			%
Line F: Calculated Cost-Share Funding (Line D x Line E) up to \$100,000			

**22. Eligible Project Cost by Fiscal Year** – Complete the following table indicating when eligible costs listed in Question 21 will be incurred. Fiscal Year runs from April 1 to March 31 (e.g., Fiscal Year 2024/2025 means April 1, 2024 to March 31, 2025)

	Description of the Eligible Cost (From Question 21)	Net Cost (C) (From Question 21)	Net Cost* in 2023/24 (G)	Net Cost* in 2024/25 (H)	Warning Message
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
	Total				

\* Columns G and H reflect the breakdown of net costs from Column C ( $G + H = C$ ) by fiscal year.

**23. Sources of Funding** – Identify eligible and ineligible contribution amounts that are necessary for the completion of the proposed Project.

**Sources of Funds**

**Amount**

Cost-Share Funding Requested (Line F from Eligible Cost Table)

Applicant's Contribution

Other \*

Other\*

Other\*

Other\*

**Total Project Value (Eligible and ineligible costs contribution)**

\* Please provide details (e.g., federal/provincial program, in-kind contributions).

**SECTION E – REQUIRED DOCUMENTATION TO SUPPORT APPLICATION**

Quotes detailing proposed Eligible Costs for the proposed Project

A site sketch for all proposed structural modifications or construction (see [Guidelines: Applying To The Initiative](#) for more details)

A copy of a completed operation-wide self-assessment or completed health or pest risk assessment

**III. DEMOGRAPHIC QUESTIONS (VOLUNTARY)**

Providing answers to the following questions is voluntary. Applicants will still be eligible to participate in the Initiative should they decline to provide this information. The responses to the questions will have no impact on the assessment of an Applicant's Application Form. Where Applicants provide this information including of others, such as members of their Board of Directors, they are acknowledging that there is consent to share the information with Canada and use it for the purpose set out in IV. Notice of Collection of Personal Information.

A. Are the shares of your business/organization owned by a majority of individuals (50% or more) who identify as being one or more of the following Persons? (Select all that apply)

Indigenous People: First Nations

Indigenous People: Métis

Indigenous People: Inuit

Indigenous People: Unknown/Other

Women – refers to all people, including trans people, who identify as a woman.

Youth - 40 years old and younger

Not applicable

Decline to identify

(Go to Question C if your business/organization does not have a Board of Directors.)

B. Does the Board of Directors of your business/organization have a diverse composition with significant representation (30% or more) from one or more of the following groups? (Select all that apply).

Individuals that identify as being an Indigenous Person: First Nations

Individuals that identify as being an Indigenous Person: Métis

Individuals that identify as being an Indigenous Person: Inuit

Individuals that identify as being an Indigenous Person: Unknown/Other

Women – refers to all people, including trans people, who identify as a woman.

Youth - 40 years old and younger

Not applicable

Decline to identify

C. Select any of the following groups who will directly benefit from the Project's activities. (Select all that apply)

Individuals that identify as being an Indigenous Person: First Nations

Individuals that identify as being an Indigenous Person: Métis

Individuals that identify as being an Indigenous Person: Inuit

Individuals that identify as being an Indigenous Person: Unknown/Other

Women – refers to all people, including trans people, who identify as a woman.

Youth - 40 years old and younger

Not applicable

Decline to identify

#### **IV. NOTICE OF COLLECTION OF PERSONAL INFORMATION**

Where the demographic information collected by Ontario under **III. Demographic Questions (Voluntary)** may have the effect of identifying individuals, the information would be Personal Information. The purpose for this collection is for Canada and Ontario to improve access to the Sustainable CAP and address barriers to accessing Initiatives under the Sustainable CAP for underrepresented and marginalized groups. The authority for this collection is set out in the Minister's Order and Guidelines.

Ontario may collect the Social Insurance Number (SIN) of a Recipient that is eligible to receive an Initiative Payment where that Recipient is a sole proprietor, partner in a partnership or a member of an unincorporated entity and does not have a CRA BN. This collection is necessary for the purposes of enforcing the terms and conditions of the Initiative, including confirming the Recipient paid any applicable taxes on the Initiative Payment, conducting audits, and collecting any Overpayment or any other debt owing to Ontario or Canada arising prior to the Recipient's participation in the Initiative, as required by the Minister's Order and Guidelines.

If you have any questions or concerns regarding the collection of this personal 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.

#### **V. CERTIFICATION AND CONSENTS**

I, the undersigned, attest and certify the following:

- I am:
  - The Applicant; or
  - A duly authorized agent of the Applicant with the full and unqualified legal authority to bind the Applicant.
  
- That:
  - All information submitted in this Application Form is true, accurate and complete, to the best of my knowledge, belief and understanding as of the date this Application Form was submitted.
  - I will update the Ministry or cause the Ministry to be updated of any changes in the information that is set out in the Application Form as soon as practicable after the change arises.
  - I have read the Guidelines and the Minister's Order and fully understand them.
  - I, as the Applicant, meet the Eligibility Requirements set out in section 4 of the Guidelines; or
  - The Applicant meets the Eligibility Requirements set out in section 4 of the Guidelines.

- I:
  - Agree to be bound by the terms and conditions of the Initiative, as set out in the Minister’s Order and Guidelines; or
  - Bind the Applicant to the terms and conditions of the Initiative, as set out in the Minister’s Order and Guidelines.
  
- That:
  - If I do not comply with the requirements of the Initiative set out under the Minister’s Order and Guidelines that I could lose my eligibility to participate in the Initiative and that I may have to return any Initiative Payments that I may have received; or
  - If the Applicant does not comply with the requirements of the Initiative set out under the Minister’s Orders and Guidelines, the Applicant could lose its eligibility to participate in the Initiative and that the Applicant may have to return any Initiative Payments the Applicant may have received.

Name of Applicant/Authorized Agent

Title

Date (MM/DD/YYYY)

Submit the required documentation, quotes and the completed Application form from the Applicant’s/authorized agent’s email account to [SustainableCAP3@ontario.ca](mailto:SustainableCAP3@ontario.ca)

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