

Sustainable Canadian Agricultural Partnership

Competitive. Innovative. Resilient.

Grow Ontario Market
Initiative (GOM)

Application Form

NOTICE – BEFORE YOU START

Please be advised of the following regarding this Application Form:

- See the [Guidelines](#) for a definition of any capitalized terms found in this Application Form
- To avoid delays in your application being processed, the Application Form **must** be filled out using Adobe Acrobat Reader. Applications that are submitted without using Adobe Acrobat Reader will take longer to process and may be required to be resubmitted using Adobe Acrobat Reader.

Applicants should register or 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](#).
- Supply Ontario, visit [Supply Ontario](#).

If you are the Applicant or are authorized to represent the Applicant, you can register and update the information referred to above. This is required in order for Recipients to receive Initiative Payments from the Ministry.

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.
 - **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

Email Address

Phone Number

(e.g., ###-###-####)

Signatory for the Business/Organization

Same as Business/Organization Primary Contact above or:

First Name

Last Name

Job Title

Email Address

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	
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OR

I confirm I do not have a CRA Number

3. Ownership Type – Type of structure business/organization filed with Canada Revenue Agency

Incorporated Business

Partnership

Sole Proprietorship

Cooperative

Not-for-profit

4. Business/Organization Type – Business/organization is applying as:

(see [Guidelines: Definitions](#) for more details)

Primary Producer

Processor

Industry Organization

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	Not-for-profit

6. Current Number of Employees at the Business/Organization

- a) Number of current **Full-time** Employees (30 hours or more/week):
- b) Number of current **Part-time** Employees (less than 30 hours/week):
- c) Number of current **Temporary/Seasonal** Employees:

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

8. Business/Organization Overview – Provide a brief description of the Applicant's business/organization. The description can include a brief history, strategic overview, services offered, clients served, and the part of your business/organization to which the application relates. (1500 characters maximum)

9. For Primary Producer Applicant Only - Farm Business Registration Number (FBRN)

Farm businesses that earn a gross farm income of \$7,000 or more (for income tax purposes) are required by law to register their farm business with Agricorp. For more information, please visit [Agricorp](#).

If you don't have an FBRN, please check one of the following and provide a copy of the respective documentation with your Application Form:

- a) an Order from the Agriculture, Food and Rural Affairs Appeal Tribunal exempting you from having a FBRN;
- b) a letter from the Indian Agriculture Program of Ontario.

II. PROJECT INFORMATION

SECTION A: PROJECT TITLE AND LOCATION

10. Project Title (100 characters maximum)

11. Project Location

Same as Business/Organization Mailing address or:

Address

City/Town

Municipality

Province

Postal Code

12. For Primary Producer and Processor Applicants Only - 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

13. Project Summary – Provide a brief one- to two-sentence summary of the Proposed Project. (300 characters maximum)

14. 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 23. (5000 characters maximum)

15. What is the proposed Project’s primary activity?

(see [Guidelines: Eligible And Ineligible Activities](#) for more details)

Market Analysis and Planning - Third-party advisory services to complete market analysis, life cycle analysis and/or a marketing plan for a new product and/or a new or expanded market; or investigate the regulatory or certification standards, or requirements needed to access a new market.

New Product Development - Third-party advisory services for new product development activities.

Marketing Products - Third-party services for implementation of a business or marketing plan to access or expand into a new market.

16. What is the Proposed Project’s primary target market?

Domestic Market (within Canada)

International Market (outside Canada)

16a. If International Market, please select all targeted markets for this proposed Project. (select all that apply):

- | | | | |
|-----------------|--------------------|-----------------|---------------------------|
| Northern Africa | Central America | Southern Asia | Western Europe |
| Eastern Africa | South America | Western Asia | Polynesia |
| Middle Africa | Northern America | Eastern Europe | Melanesia |
| Southern Africa | Central Asia | Northern Europe | Micronesia |
| Western Africa | Eastern Asia | Southern Europe | Australia and New Zealand |
| Caribbean | South-Eastern Asia | | |

17. Resources and Skills – Describe the applicable resources, experience, skills and knowledge in your business/organization to support implementation of the proposed Project. (3000 characters maximum)

SECTION C: PROJECT IMPACTS AND BENEFITS

18. Project NAICS code - Select the best-fit NAICS code which will benefit the most from the proposed Project (see [Guidelines: Appendix C](#) 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 not impact this Application's assessment.

19. Describe the new market(s) that are to be accessed or existing market(s) that are to be expanded as a result of the proposed Project (e.g., new geographic region in Canada, new client/customer segment). (3000 characters maximum)

20. Quantify the proposed Project outcomes (select all that apply):

Job(s) created or retained

Please explain and quantify the anticipated impact of the proposed Project to create or retain jobs within your business/organization: (1000 characters maximum)

Increased sales and revenue

Please explain and quantify the anticipated impact (e.g., percentage change over current sales, absolute sales increase) of the proposed Project to increase sales and revenue:
(1000 characters maximum)

Increased profitability

Please explain and quantify the anticipated impact (e.g., dollar value, percentage change) of the proposed Project to increase your business's profitability:
(1000 characters maximum)

Broader sector growth supported

Please explain and quantify the anticipated impact (e.g., dollar value, percentage change) of the proposed Project on the growth of the broader sector:
(1000 characters maximum)

Other (e.g., facility investment), specify

Please explain and quantify the anticipated impact (e.g., dollar value, percentage change) of the proposed Project: (1000 characters maximum)

SECTION D – WORK PLAN AND PROJECT COSTS

21. Proposed Project Timeline (MM/DD/YYYY)

Proposed Project Start Date

Proposed Project End Date

It is recommended that the proposed Project **is less than** two years in duration

22. Proposed Work Plan – 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

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

	Description of the Eligible Cost (100 characters maximum)	Total Cost (A)	Refundable Tax* (B)	Net Cost (C=A-B)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

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

** Line F: Primary Producer and Processor up to \$60,000 and Industry Organization up to \$125,000.

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 (50 per cent)	%
Line F: Calculated Cost-Share Funding (Line D x Line E)**	

24. Eligible Project Cost for the Project by Fiscal Year – Complete the following table indicating when Eligible Costs listed in Question 23 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 23)	Net Cost (C) (From Question 23)	Fiscal Year* in 2024/25 (G)	Fiscal Year* in 2025/26 (H)	Fiscal Year* in 2026/27 (I)	Warning Message
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
	Total					

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

25. Sources of Funding – Identify contributions that are necessary for the completion of the Project.

Sources of Funds	Amount
Cost-Share Funding Requested (Line F from Eligible Cost Table)	
Applicant's Eligible Contribution (Line D minus Line F from Eligible Project Cost Table)	
Additional Applicant's Contribution	
Other*	

Total Project Value (Eligible and ineligible costs contribution)

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

SECTION E - FINAL CHECK BEFORE SUBMITTING APPLICATION

A **completed** initiative Application Form (Mandatory).

Quotes/estimates detailing proposed Eligible Costs for the Project (Mandatory).

If applying as a beekeeper under Primary Producer, Applicants **must** provide a valid certificate of registration issued under the *Bees Act* along with their Application Form

To be eligible to receive an Initiative Payment, a Recipient must:

- be registered with, or update information previously submitted to [Transfer Payment Ontario](#)
- be registered with, or update information previously submitted to [Supply Ontario](#)

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 completed Application Form from the Applicant’s/authorized agent’s email account to SustainableCAP3@ontario.ca

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