NOTICE – BEFORE YOU START

Please be advised of the following regarding this Application Form:

- Use the link on the [Initiative webpage](#) to download the latest Guidelines (PDF) for details and definitions of any capitalized terms found in this Application Form.

- To avoid delays in your Application Form being processed, the Application Form **must** be filled out using Adobe Acrobat Reader. Application Forms 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 Transfer Payment Ontario. To register with, or update information previously submitted to:

- Transfer Payment Ontario, visit [Transfer Payment 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 these 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 SustainableCAP2@ontario.ca.

   - **Do not** send the Application Form or any supporting information using Adobe Cloud.

I. APPLICANT'S BUSINESS/ORGANIZATION INFORMATION

1. Business/Organization Name and Contact

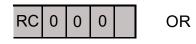Operating Name of Business/Organization (Name under which the business/organization operates)

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

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	

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   Community or Other Not-for Profit   Broader Public Sector

Partnership   Cooperative

4. Business/Organization Type - Business/organization is applying as (see Guidelines: Eligibility Requirements for more details):

Municipality   Not-for-profit 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. Number of Current Employees at the Business/Organization

a) Number of **Full-time Employees** (30 hours or more/week):

b) Number of **Part-time Employees** (less than 30 hours/week):

c) Number of **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)

II. PROJECT INFORMATION

SECTION A: PROJECT TITLE AND LOCATION

9. Project Title (100 characters maximum)

10. Project Location - Identify primary if multiple Project locations:

Same as Business/Organization mailing address or:

Address   City/Town

Municipality   Province   Postal Code

SECTION B: PROJECT DETAILS

11. Project Summary – Provide a brief overview of the Project and Collaborators (if applicable) that will be involved. (300 characters maximum)

12. Select the activity/activities that will be completed as part of the Project. (Check all that apply - see Guidelines: Eligible And Ineligible Activities for more details)

Expansion of or piloting of new transportation services for International Agri-Food Workers (IAWs) to access community services or Project-related programming/events.

Expansion of or piloting of new delivery services that benefit IAWs.

Providing and or improving information and awareness of resources for availability and access to community services for IAWs in culturally appropriate methods.

Training for staff and/or volunteers (e.g., Equity, Diversity and Inclusion (EDI)) to better support IAWs.

Development of resources to support cultural knowledge among staff

Creation of online forums or discussion boards to share information

Conduct surveys to identity barriers and gaps in service to IAWs

Coordinate and host new cultural and recreational activities/events that celebrate IAWs and foster EDI in the community.

Facilitation of collaborations and networking events to expand community services for IAWs across broader regions and information-sharing.

Support knowledge and awareness to identify extraordinary situations through training and distribution of resources.

13. Project Description – Provide details on why funding is required, including the needs and barriers addressed by the Project. This must align with the activities in Question 12 and the Eligible Project Costs in Question 24 (5000 characters maximum)

14. List the Collaborators who will be participating on the Project including their contribution and relevance to IAWs.
(See Guidelines: Definitions for more details)

No, there are no Collaborators on the Project.

Name of the Collaborator	Type of Collaborator *	Role in the Project (activities supporting, contribution (financial or expertise) and relevance to IAWs) (500 characters maximum)
1.		
2.		
3.		
4.		
5.		
6.		
7.		

* Type of Collaborator: IAW employer; Worker support organization; Community support organization; Industry organization; Faith-based organization; Commercial/retail business; Municipality; Research/Academia

15. Describe the resources and skills the Applicant will use to manage and successfully complete the Project. Identify the individual(s)/organization(s) that will carry out the project, including their experience, resources and skills they will contribute.
(5000 characters maximum)

SECTION C: PROJECT IMPACTS AND BENEFITS

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

17a) Describe in detail how the Project activities will increase community integration of IAWs and support an inclusive and welcoming environment for IAWs.
(3000 characters maximum)

17b) Describe in detail how the Project activities will foster IAW independence and improve access to services.
(3000 characters maximum)

17c) Describe in detail how the Project activities will encourage attraction and retention of IAWs.
(3000 characters maximum)

18. Describe in detail how the anticipated Project impacts will be measured and reported.
(3000 characters maximum)

19. Explain how equity, diversity and inclusion for IAWs will be supported by the Project and its activities.
(2500 characters maximum)

20. Sustainability – Describe plans or potential opportunities for Project activities and outcomes to continue after the Initiative Payment ends.
(2500 characters maximum)

SECTION D – WORK PLAN AND PROJECT COSTS

21. Project Timeline (MM/DD/YYYY)

Project Start Date

Project End Date

(Maximum duration of 24 months and must be completed by September 30, 2027)

22. Project work plan – Describe the key milestones and activities required to complete the Project.
(NOTE: Projects can have a maximum duration of 24 months and must be completed by September 30, 2027)

	Key Milestone(s) and Activities (300 characters maximum)	Estimated Start Date (MM/DD/YYYY)	Estimated End Date (MM/DD/YYYY)
1			
2			
3			
4			
5			
6			
7			
8			
9			

23. Additional cost-share percentage – Financial Need

Due to financial need, I am requesting a cost-share of 85% to a maximum of $100,000.

If an increase in the cost-share percentage is requested above, please explain the significant and unique financial barriers your organization is facing.
(2500 characters maximum)

24. Eligible Project Cost – List each Eligible Cost item (in Canadian dollars) based on written quotes if applicable. Only Eligible Costs as per the Initiative Guidelines will be considered. Eligible costs must be incurred within the eligible time frame. (See Guidelines: Eligible Costs Under The Initiative for more details).

	Eligible Cost Category*	Description of the Eligible Cost and how it will be used (250 characters 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: Facilitator cost, Speakers cost, Catering, Salary and benefits, Third-party services, Technology cost

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

*** Where a Recipient demonstrates financial need, a cost share of up to 85%, to a maximum of $100,000 in funding, may be possible

Note: In addition to a complete Application Form, Applicants are encouraged to provide written 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 ***	%
Line F: Calculated Cost-Share Funding (Line D x Line E) up to $100,000	

25. Eligible Costs for the Project by Fiscal Year – Complete the following table indicating when eligible costs listed in Question 24 will be incurred. Fiscal Year runs from April 1 to March 31 (e.g., Fiscal Year 2025/26 means April 1, 2025 to March 31, 2026)

	Description of Eligible Cost (From Question 24)	Net Cost (C) (From Question 24)	Fiscal Year* in 2024/25 (G)	Fiscal Year* in 2025/26 (H)	Fiscal Year* in 2026/27 (I)	Fiscal Year* in 2027/28 (J)	Warning Message
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
	Total						

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

26. Sources of Funding for this Project – 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 Contribution toward Eligible Costs (Line D minus Line F from Eligible Project Cost Table)	
Applicant's Additional Contribution toward total Project value	
Collaborators' financial contribution	
Collaborators' in-kind contribution	
Other*	
Total Project Value (Eligible and ineligible costs contribution)	

* Please provide details (e.g., federal/provincial program, etc.).

SECTION E - FINAL CHECK BEFORE SUBMITTING THE APPLICATION FORM
(See Guidelines: Applying to the Initiative for more details)

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

Third party written quotes detailing proposed Eligible Costs for the Project (recommended).

Letters of support for the Project (recommended).

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

be registered with, or update information previously submitted to Transfer Payment 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 Person: First Nations

Indigenous Person: Métis

Indigenous Person: Inuit

Indigenous Person: Unknown/Other

Women

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 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

Youth: 40 years old and younger

Not applicable

Decline to identify

C. Select any of the following 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

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: Agricultural Information Contact Centre (AICC) at 1 Stone Rd. W, Guelph ON N1G 4Y2, phone: 1-877-424-1300.

V.   CERTIFICATION AND CONSENTS

I, the undersigned, attest and certify the following:

• I am:

   o The Applicant; or
   o A duly authorized agent of the Applicant with the full and unqualified legal authority to bind the Applicant.

- That:

  o 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.
  o 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.
  o I have read the Guidelines and the Minister's Order and fully understand them.
  o I, as the Applicant, meet the Eligibility Requirements set out in section 4 of the Guidelines; or
  o The Applicant meets the Eligibility Requirements set out in section 4 of the Guidelines.

- I:

  o Agree to be bound by the terms and conditions of the Initiative, as set out in the Minister's Order and Guidelines; or
  o Bind the Applicant to the terms and conditions of the Initiative, as set out in the Minister's Order and Guidelines.

- That:

  o 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
  o 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 and supporting documentation (if applicable) from the Applicant's/authorized agent's email account to SustainableCAP2@ontario.ca

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

Sustainable Canadian Agricultural Partnership

Ontario

Canada