

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 SustainableCAP1@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

Business Email Address Business Phone Number

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

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

(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	0	
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OR

The Applicant confirms they do not have a CRA Number

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

Incorporated Business	Partnership	Broader Public Sector
Sole Proprietorship	Cooperative	Community or Other Not-for-Profit

4a. Business/Organization Type – Business/organization is applying as (see Guidelines: Interpretation Of Guidelines for more details):

Primary Producer	Industry Organization	Municipal Government
Retailer/Wholesaler	Processor	Research Body
Indigenous Community / Groups/Government	Service Provider	

4b. For Processor Applicants Only – The response for this question is for data collection purposes. Is the Applicant a packing house that washes and/or packs products where the products are not chopped and/or changed in a permanent way?

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

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

7. North American Industry Classification System (NAICS) code - Select the best NAICS code to describe the Applicant's business/organization (see Guidelines: Appendix D 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 Applicant's 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 the Applicant doesn't have an FBRN, please select one of the following and provide a copy of the respective documentation with the Application Form:

- a) an Order from the Agriculture, Food and Rural Affairs Appeal Tribunal exempting the Applicant from having a FBRN.
- b) a letter from the First Nations Agriculture & Finance Ontario (formerly known as Indian Agriculture Program of Ontario).
- c) an exemption from the income eligibility requirement of the Farm Property Class Tax Rate Program, received from AgriCorp.

II. PROJECT INFORMATION

SECTION A: PROJECT TITLE AND LOCATION

10. Project Title (100 characters maximum)

11. Primary Project Location

Same as Business/Organization Mailing address or:

Address

City

Municipality

Province

Postal Code

12. For Primary Producer and Processor Applicants Only - Premises ID (PID) Number for the Project Location- Please provide Applicant's PID for the location of the Project. To obtain a valid PID or update the PID information, please visit [Provincial Premises Registry](#) or call 1-888-247-4999.

☐ **ON**

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 Project.
(300 characters maximum)

14a. Select the Research Focus Area of the Research Priority Area (RPA) that best aligns with the Project (see Guidelines: Appendix A for more details).

RPA 1 – Food Safety

RPA 2 – Plant Health and Protection

RPA 3 – Animal Health and Welfare

RPA 4 – Competitive Production Systems

RPA 5 – Trade, Market and Targeted
Sector Growth

RPA 6 – Innovative Products and Product
Improvement

RPA 7 – Sustainable Production Systems

RPA 8 – Soil Health

RPA 9 – Water Quality and Quantity

RPA 10 – Productive Land Capacity

14b. Describe how the Project aligns with the selected Research Focus Area(s) of the RPA, focusing on challenges, issues or knowledge gaps of the sector.
(3000 characters maximum)

15. Project Objectives - What will the Project accomplish? List the main objectives of the Project (using a numbered or bulleted list).
(3000 characters maximum)

16. Deliverables – Please specify the tangible and measurable outputs to demonstrate fulfilment of the Project objectives (e.g. brief description of a product, prototype, toolkit, report, recommendations, dataset(s), website, policy briefs, survey results, service etc.).
(2000 characters maximum)

17. Please describe the overall Project design and methodology to be used in support of the objectives and deliverables. If the project involves any intellectual property, please describe how it will be handled. This should align with the information in the Proposed Project Workplan in Question 24 and the Eligible Project Costs in Question 25.
(3000 characters maximum)

18. List the target audience(s) for the knowledge translation and transfer (KTT). Briefly describe how these audiences will benefit from the knowledge that will be mobilized in this Project.

Who is the target audience*	How will the target audience benefit from the specific Project outcome (500 characters maximum)
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1

2

3

4

(Question 18 continues on Page 9)

* Name the target audience (e.g., grain farmers, dairy farmers, Indigenous community, greenhouse growers researcher, policy maker, public)

Who is the target audience*	How will the target audience benefit from the specific Project outcome (500 characters maximum)
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5

6

7

* Name the target audience (e.g., grain farmers, dairy farmers, Indigenous community, greenhouse growers researcher, policy maker, public)

19. Describe the Project team members (including Project lead and other key contributors if applicable) who will be involved in the Project, their role and responsibilities, including relevant experience and/or expertise in the respective roles as related to the Project.

Name and position of the personnel and Organization	Role of the personnel for the Project *	Past responsibilities and relevant experiences and/or expertise (1000 characters maximum)
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1

2

(Question 19 continues on Page 11)

* Role of personnel for the Project – e.g., project lead, team member/collaborator - advisor or supervisor of which activity, technician – conducting which activities, etc.

Name and position of the personnel and Organization	Role of the personnel for the Project*	Past responsibilities and relevant experiences and/or expertise (1000 characters maximum)
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3

4

(Question 19 continues on Page 12)

* Role of personnel for the Project – e.g., project lead, team member/collaborator - advisor or supervisor of which activity, technician – conducting which activities, etc.

Name and position of the personnel and Organization	Role of the personnel for the Project *	Past responsibilities and relevant experiences and/or expertise (1000 characters maximum)
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5

6

* Role of personnel for the Project – e.g., project lead, team member/collaborator - advisor or supervisor of which activity, technician – conducting which activities, etc.

20. Highly Qualified Personnel (HQP) Trained - Identify all HQP that will be trained as part of this Project, regardless of the funding source.

First name and last name if known. Use "TBD" for the HQP not selected yet.	HQP role *	Funding sources (for this Project in whole or in part) (200 characters maximum)
1		
2		
3		
4		
5		
6		
7		

* HQP role dropdown value: Masters, PhD/DVSc, Post Doctoral Fellow, Undergrad, Diploma

SECTION C: PROJECT IMPACTS AND BENEFITS

21. Project NAICS code - Select the best-fit NAICS code which will benefit the most from the Project (see Guidelines: Appendix D 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 the question will have no impact on the assessment of an Applicant's Application Form

22. Describe the uniqueness and novelty of the proposed KTT Project (e.g., what new knowledge is being translated/transferred, new method adopted).
(5000 characters maximum)

SECTION D – WORK PLAN AND PROJECT COSTS

23. Project Timeline (MM/DD/YYYY)

Project Start Date

Project End Date

(No later than October 15, 2027)

24. Proposed Project Workplan – Describe the milestones/ tasks/activities that are critical for the successful completion of the KTT Project. Milestones/tasks/activities should be defined and measurable steps and should be listed in order of expected completion date.

Milestones/Task/Activities (500 characters maximum)	Estimated Start Date (MM/DD/YYYY)	Estimated End Date (MM/DD/YYYY)
1		
2		
3		
4		
5		
6		
7		

25. Eligible Project Cost – List each Eligible Cost item (in Canadian dollars) based on estimates. Only Eligible Costs as per the Initiative Guidelines will be considered. Eligible costs must be incurred within the eligible timeframe. See Guidelines: Eligible Costs Under The Initiative for more details.

Eligible Cost Category*		Describe 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						
<div>* Eligible Cost Category: Equipment, Honorariums, Indirect Operating Cost, Salaries, Supplies, Third-party services, Travel</div> <div>** The portion of tax for which the Recipient has received, will receive or is eligible to receive, a rebate, credit or refund.</div>						
			Line D: Total Eligible Costs (Sum of Net Cost from Column C above)			
			Line E: Per Cent Cost-Share (100 per cent)			%
			Line F: Calculated Cost-Share Funding (Line D x Line E) up to \$50,000			

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

Description of Eligible Cost (From Question 25)		Net Cost (C) (From Question 25)	Fiscal Year* 2025/26 (G)	Fiscal Year* 2026/27 (H)	Fiscal Year* 2027/28 (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.

NOTE: In fiscal year 2027/28 Eligible Costs must be incurred no later than October 15, 2027.

27. 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 Eligible Contribution (Line D minus Line F from Eligible Project Cost Table)	
Applicant's Additional Contribution toward total Project value	
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

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

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 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

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

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:
 - 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 SustainableCAP1@ontario.ca

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



Sustainable Canadian
Agricultural Partnership

Ontario 

Canada 