

NOTICE – BEFORE YOU START

Please be advised of the following regarding this Collaboration Form:

- A separate Collaboration Form is needed for each additional Primary Producer and/or Processor that will be contributing to Project implementation as part of a Collaboration.
- Use the link on the [Initiative webpage](#) to download the latest Guidelines (PDF) for details and definitions of any capitalized terms found in this Collaboration Form.
- To avoid delays in your Collaboration Form being processed, the Collaboration Form **must** be filled out using Adobe Acrobat Reader. Collaboration 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.

COMPLETING COLLABORATION 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 Collaboration Form to your computer **before** you begin filling it out.
 - File > Save As > [give the file a name] > Save
 - Do **not** fill out this Collaboration 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 Collaboration Form at any time. Remember to save your file along the way.
 - Once the Collaboration Form is complete, save the file.
4. Email the completed PDF Collaboration Form to the Applicant/Authorized Agent so it will be included with the required quotes and the completed PDF Application Form. The application package will then be submitted to SustainableCAP2@ontario.ca.
 - **Do not** send the Collaboration Form or any supporting information using Adobe Cloud.

I. 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 Contact for Project

First Name Last Name Job Title

Email Address Phone Number (e.g. ###-###-####)

Signatory for the Business/Organization

Same as Business/Organization 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 for the registration of 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 business/organization confirms they do not have a CRA number.

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

Incorporated Business	Sole Proprietorship
Partnership	Cooperative

4. Business/Organization Type – see Guidelines: Eligibility Requirements for more details:

Primary Producer	Processor
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5. For Processor Only – The response to this question is for data collection purposes. Is the Processor the owner of 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 Processor 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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6. 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	

7. 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**:

8. North American Industry Classification System (NAICS) code – Select the NAICS code to best describe the business/organization (see Guidelines: Appendix C for more details).

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

10. For Primary Producer 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 Primary Producer 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 Primary Producer 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 DETAILS

11. Describe the business/organization's contribution and roles in the Project. (See Guidelines: Definitions – Collaboration for more details)
(1500 characters maximum)

III. DEMOGRAPHIC QUESTIONS (VOLUNTARY)

Providing answers to the following questions is voluntary. Applicants will still be eligible to participate in the Initiative as part of a Collaboration 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 the business/organization's 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 who will directly benefit from the Project's activities (Select a 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.

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 business/organization (namely, a sole proprietor) that is a member of the Collaboration; or
- A duly authorized agent of the business/organization that is a member of the Collaboration with the full and unqualified legal authority to bind that business/organization.

- That:

- All information submitted in this Collaboration Form is true, accurate and complete, to the best of my knowledge, belief and understanding as of the date this Collaboration Form was submitted.
- I will cause the Ministry to be updated, through the Applicant, of any changes in the information that is set out in the Collaboration Form as soon as practicable after the change arises.
- I have read the Guidelines and the Minister's Order and fully understand them.
- The business/organization that is a member of the Collaboration and identified in this Collaboration Form meets the applicable Eligibility Requirements 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
- Agree to bind the business/organization identified in this Collaboration Form as a member of the Collaboration, to the terms and conditions of the Initiative, as set out in the Minister's Order and Guidelines.

- That:

- If I/the business/organization identified in this Collaboration Form do not comply with the requirements of the Initiative set out under the Minister's Order and Guidelines that I/them could lose eligibility to participate in the Initiative and that there may be a requirement to return any Initiative Payments that have been provided for the Project.

Name of Signatory

Title

Date (MM/DD/YYYY)

Email the completed PDF Collaboration Form to the Applicant/Authorized Agent so it will be included with the required quotes and the completed PDF Application Form. The application package will then be submitted to SustainableCAP2@ontario.ca

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