

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.
- This Application Form includes bookmarks for easy navigation. In Adobe Acrobat Reader, the bookmarks tool bar is typically found on the left side of the document.

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](#). This is required 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. Only complete the Business Number field below. The other fields are provided for reference purposes only and do not need to be filled out.

OR

The Applicant confirms they do not have a CRA Number

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

Incorporated Business

Sole Proprietorship

Partnership

Cooperative

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

Primary Producer

Processor

4b. For Processor Applicants Only – The response to 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.

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. Number of Employees at the Business/Organization (see Guidelines for more details)

- 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 the 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 you 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. Project Location

Same as Business/Organization mailing address or:

Address

City/Town

Municipality

Province

Postal Code

12. Please select all statements that apply to the Applicant:

The business location where the Project is taking place has fewer than 500 employees, including part-time, full-time, and seasonal staff.

Applicant is a Primary Producer or Processor that produces or processes products in Ontario.

13. 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.

OR

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

SECTION B: PROJECT DETAILS

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

15. What is the primary target market for the Project?

Canada (Domestic)

Outside Canada (International)

16a. Please indicate all target markets for the Project:

Northern Africa	Central America	Southern Asia	Western Europe
Eastern Africa	South America	Western Asia	Polynesia
Middle Africa	North 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		

16b. If only “North America” was selected in Question 16a, is the Project targeting markets exclusively in the United States?

Yes

No

17. Describe the target market(s) and/or channel(s) intended to be served. Describe how the target markets and distribution channels have been determined, and what evidence supports this selection.

(3000 characters maximum)

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

Development of a new product (e.g., formulation development, scale-up trials, etc.).

Sales development and marketing products (e.g., brand development, etc.).

New sales generation, marketing and promotional activities or events (e.g., tradeshow, buyer meetings).

19. Project Description – Describe the Project and how it supports market diversification and trade resiliency. What are the challenges or opportunities with the current market and/or channels and how are they being addressed by the activities undertaken in this Project. This should align with the activities in Question 18 and the Eligible Project Costs in Question 25.
(5000 characters maximum)

SECTION C: PROJECT IMPACTS AND BENEFITS

20. 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.

21. Please indicate which of the following expected outcomes and benefits the Project addresses. For each selected item, provide a brief explanation of how the Project contributes to the objective:

Gaining access to new markets with existing products.

Please describe how the Project will help access new markets with the existing products:
(1000 characters maximum)

Introducing new products to existing or new markets.

Please describe the new products and the markets:
(1000 characters maximum)

Expanding within existing markets with existing products.

Please explain how the Project will expand existing markets with existing products:
(1000 characters maximum)

Expanding into new sales channels (e.g., online platforms, direct-to-consumer, retail stores).

Please describe the new sales channels and how the Project will support this expansion:
(1000 characters maximum)

22. Quantify and substantiate anticipated business impacts of the Project in terms of market diversification and resiliency. (Check all that apply):

Job creation or retention

Brief explanation of how the Project will support this impact. (1000 characters maximum)

Quantification (specify as # of jobs)

Sales revenue increase/retention

Brief explanation of how the Project will support this impact. (1000 characters maximum)

Quantification (specify in dollars for sales)

SECTION D: WORKPLAN AND PROJECT COSTS

23. Project Timeline (MM/DD/YYYY)

Project Start Date

Project End Date

(No later than 10/15/2027)

24. Project Workplan – Provide a detailed workplan for the Project, including detailed steps required to successfully achieve the expected outcome, outlining key activities that will be undertaken and associated timelines. The workplan should demonstrate linkages to the eligible Project activities identified in Question 18.

25. Eligible Project Cost – List each Eligible Cost item (in Canadian dollars (\$CDN)) based on written quotes. Only Eligible Costs as per Schedule 2 of the Guidelines will be considered. Eligible costs must be incurred within the eligible time frame.

1
2
3
4
5
6
7
8
9
10

* Eligible Cost Category: Product Development, Brand & Product Marketing, Tradeshow/ Buyer Meetings, Travel Costs

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

*** Line E and Line F: Projects that target market(s) exclusively in the United States (question 16b above) are eligible for a cost share of 25%, up to \$50,000. Projects that do not target markets exclusively in the United States are eligible for a cost share of 35%, up to \$70,000.

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)***

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 2026/2027 means April 1, 2026 to March 31, 2027).

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

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

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 Funding Contribution toward total Project value

Other funding toward total Project value (e.g., federal/provincial program, etc.)

Total Project Value (may include Eligible and Ineligible costs)

SECTION E: FINAL CHECK BEFORE SUBMITTING APPLICATION

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

Written quotes detailing proposed Eligible Costs for the Project (Mandatory).

A business analysis or market development plan that outlines the rationale of the Project (Mandatory).

If applying as a beekeeper under Primary Producer, a valid certificate of registration issued under the *Bees Act*.

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 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. Canada and Ontario will use the voluntary responses to the demographic questions for the purpose improving access to the Sustainable CAP and address barriers to accessing Initiatives under the Sustainable CAP for underrepresented and marginalized groups. Responses will be shared with Canada in non-aggregate format along with non-personal information about your business or organization. The authority for this collection is set out in section 164(1) of the Minister's Order 0005/2023 and section 6 of the Guidelines. The authority for the Sustainable CAP Minister's Order is set out under section 6.2(1) of the Ministry of Agriculture, Food and Rural Affairs Act.

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 reporting applicable revenue to the CRA, 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 section 165 of the Minister's Order 0005/2023 and section 6 of Guidelines as well as section 237(2) of the Income Tax Act (Canada).

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 required quotes and 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 