

APPLICATION FORM

Post-Tropical Storm Dorian Response Program (2020/2021)

Project/Client # (Office Use Only):

1. Applicant Information				
Full Name (including middle name):				
Organization Name:				
Mailing Address:			Organization's Twitter Handle (if applicable)	
Village/Town/City		Province		Postal Code
Telephone No.	Cellular No.	Fax No.	E-mail Address	
AgriInsurance Client ID#: (if applicable)			AgriStability Client ID#: (if applicable)	
Preferred method of communication:				
<input type="checkbox"/> Telephone <input type="checkbox"/> Cellular phone <input type="checkbox"/> SMS Text Message <input type="checkbox"/> Email <input type="checkbox"/> Other (please specify)				
1.1 Type of Business or Organization				
Choose one and complete the required information:				
<input type="checkbox"/> Individual Proprietorship (if you file to Canada Revenue Agency as an individual) Social Insurance Number: _____				
<input type="checkbox"/> Incorporated Company (if you file to Canada Revenue Agency as a corporation) <i>(This number can be found on your tax forms and is required under the authority of the Income Tax Act)</i> Revenue Canada Business Number: _____				
<input type="checkbox"/> Partnership (if you file to Canada Revenue Agency as a partnership.) <i>Please include Revenue Canada Business Number</i> Revenue Canada Business Number: _____				
<input type="checkbox"/> Registered Charitable Organization / Not-for-Profit <i>Please include the charity registration number</i> Registration number: _____				
<input type="checkbox"/> Other <i>Please Identify:</i> _____ Registration number: _____				

1.2 Partnerships	
If you indicated "Partnership" as your type of business in Section 1.1, please list the partner name(s) and their ownership per cent in the table below.	
Name of all partners (for partnerships)	Per cent of ownership
Total (must total 100%)	

2. Project Funding	
Have you, or will you, apply for any other Provincial and/or Federal Government funding for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes , provide detailed information as indicated below	
Source	Dollar Amount

3. Demographic Information				
Your voluntary response to the following questions will assist the department in understanding the demographic profile of clients.				
Do you identify as	<input type="checkbox"/> Man	<input type="checkbox"/> Woman	<input type="checkbox"/> Gender not listed	<input type="checkbox"/> Prefer not to say
Are you a senior (age 65 or older)?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
Are you a youth (age 29 or under)?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
Do you identify as a person with a disability?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
What is your first language?	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say
Are you proficient in languages other than English or French?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
Do you identify as a member of the Island's Acadian community?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
Do you identify as a member of an Indigenous group?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
Do you identify as a newcomer to Canada?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
Do you identify as part of another under-represented group?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say

4. Declarations and Consent to Use Personal Information

By submitting this form for project funding, I/We:

- Certify that all information submitted on this application is accurate, true and correct;
- Have read the Program Guidelines, and am/are in compliance with all program eligibility requirements contained in the Program Guidelines and Application Form;
- Certify that I/we will supply, on request, to the PEI Department of Agriculture and Land (PEIDAL), or their representative, any documentation they consider necessary to administer this Program;
- Consent to third parties, including Canada Revenue Agency (CRA), disclosing, upon request, information that PEIDAL considers necessary for the purpose of administering the Program;
- Agree that PEIDAL and AIC can share between themselves any information contained on this application form as well as any documentation requested;
- Agree that PEIDAL and AIC may review, as necessary, information held by the respective governments related to other programs in which I/we am/are enrolled, including AgriInsurance and AgriStability, to verify the information provided on this application form;
- Understand that PEIDAL may pro-rate payments, or impose limits on amounts otherwise payable, where all applications made under the Post-Tropical Storm Dorian Response Program exceed the amount of funds available.
- Agree to return all or part of the funds received under this Program to PEIDAL if it has been determined that an overpayment has been made for any reason including on the basis of an audit which establishes that the funds have been received in contravention of the Program Guidelines, these obligations, and/or laws of the Province of Prince Edward Island and federal laws of Canada;
- Understand that the Social Insurance Number, Business Number and/or Charity Registration Number is collected under the authority of *the Income Tax Act* for the purposes of reporting income;
- Agree that information provided for purposes of the Program may be shared with the Canada Revenue Agency as it pertains to any potential taxable benefits, as well as with AAFC or its agent regarding claims, audits and evaluations as it relates directly to and is necessary for this Post-Tropical Storm Dorian Response Program (2020/2021);
- Agree to disclose other sources of financial assistance from, but not limited to, the federal, provincial, or municipal governments in respect of the purpose of this program if applicable;
- Understand that personal information on this form is collected under Section 31c of the *Freedom of Information and Protection of Privacy Act* R.S.P.E.I. 1988 c. F-15.01 as it relates directly to and is necessary for the Program. It will be used for determining eligibility for program assistance and will be shared with the Canada Revenue Agency regarding the taxable benefit;
- Understand that Program payments will be considered allowable income, for the purposes of the AgriStability program in the program year only.
- Understand that Program payments will not be considered allowable income for the calculation of reference margins under the AgriStability program.
- Understand that Program payments will not be considered allowable income for the purposes of the AgriInvest program.
- Understand that Eligible Applicants who provide false or misleading information to the Program Administrator for the purposes of the Program forego all rights to Program payments, are liable to repay all Program payments they have received and may be subject to prosecution;
- Understand that failing to comply with all application requirements may delay the processing of the application, or may render me ineligible for receiving assistance under the program;
- Acknowledge that my/our completing this application form and by receiving advice from the Department or other program delivery agent does not oblige the Department or other delivery agents to provide funding;
- Agree to participate in an evaluation and/or audit of the program; and
- Understand that projects funded may be communicated through the Department's public and social media channels.

I, certify that the information given on this application is to the best of my knowledge complete, true and accurate.

Name of Applicant/Signing Officer
(Please print)

Signature of Applicant/Signing Officer

Date

5. Acreage Declaration and Claim Information

If enrolled in AgrilInsurance in 2019, I give permission for the Department of Agriculture and Land and the PEI Agricultural Insurance Corporation to access and review my 2019 acreage report (check for yes).

Note: If not enrolled in AgrilInsurance in 2019, please attach invoices / receipts from seed purchases for 2019 (corn only).

Crambe producers only: I give permission for the Department of Agriculture and Land to access and review my 2019 seeded and harvested acre data from Nature’s Crops International (check for yes).

In the table below, please declare the total number of Seeded and Harvested Acres for each Eligible Crop type seeded in 2019. The information given below may be verified now or in the future by your seed purchase documentation, your AgrilInsurance or AgriStability program information, or any other documentation the program administrator feels necessary to deliver the program.

Note: For tree fruit, see Program Guidelines for definitions of “fully affected” and “partially affected.”

Make Payment to:	<input type="checkbox"/> Applicant’s Name	<input type="checkbox"/> Business Name
	Enter name:	Enter name:

Eligible Crop	Seeded Acres	Harvested Acres	Payment Amount (per harvested acre)	Total (OFFICE USE ONLY)
Grain Corn			\$50.00 per acre	
Silage Corn			\$50.00 per acre	
Snaplage/Cobmeal			\$50.00 per acre	
Crambe			\$26.00 per acre	
-	-	Acres Affected	-	
Tree Fruit (Fully Affected)	-		\$1,000.00 per acre	
Tree Fruit (Partially Affected)	-		\$500.00 per acre	
Total Expenditures:			\$	

Applicant’s Certificate:
I certify that the information given on this application is to the best of my knowledge complete, true and accurate.

PEI Department of Agriculture and Land Official
I have reviewed the expenditures of this claim, and they are in accordance with the terms and conditions of the Program. I recommend the claim for payment.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

OFFICE USE ONLY

Date Application Received: _____ Date Application Completed: _____

Approved? Y N Initials: _____

Dollars approved for this claim: \$ _____

Claim # _____ of _____ Invoice # _____

Authorization _____ Date _____ Account # _____

Note: Supporting documentation is filed in the office of the Program Administrator.

6. Submitting the Application

The deadline for submitting applications is March 19, 2021. Completed applications may be submitted to the attention of the **Post-Tropical Storm Dorian Response Program Administrator** via regular mail or email.

The following forms must be completed with your application:

- Application Form
 - Signed Declarations and Consent to Use Personal Information (Section 4 of Application Form, see above)
 - Acreage Declaration and Claim Information (Section 5 of Application form, see above)
 - Applicant Reporting Form (Appendix of Application Form, see below)
- Corn seed receipts (if applicable)
- Documentation supporting reported tree fruit acres “fully affected” or “partially affected” (including but not limited to invoices, receipts, and/or photos)

E-Mail Applications:

Once you have completed the application, you may e-mail a signed copy in PDF to dorianresponse@gov.pe.ca
Please include the program name in the subject line.

Regular Mail Applications:

Applications may be submitted via regular mail at:
PEI Department of Agriculture and Land
Post-Tropical Storm Dorian Response Program
11 Kent Street PO Box 2000
Charlottetown, PE
C1A 7N8
(902) 368-4145 (telephone)

Questions?

Please e-mail dorianresponse@gov.pe.ca



APPENDIX A: Applicant Reporting Form (Tree Fruit)

Prepared by (Name): _____
 Initial: _____
 Date: _____

**Original signed copy to be placed in Central File*

FOR DEPARTMENT	
Date received by Dept:	_____
Dept. Initial (Rec'd):	_____
Date approved by Dept.:	_____
Dept. Initial (Approved):	_____

1.0 Performance Indicators

Performance Indicator (to be collected by Dorian Response Program tree fruit producer clients)	Results	
Metrics		
Total number of acres of tree fruit in September 2019, by type of tree fruit	Type of Tree Fruit	Acres
Total number of acres of tree fruit partially and fully impacted during the 2019 growing season by Post Tropical Storm Dorian, by type of tree fruit	Type of Tree Fruit	
	Partially impacted acres	
	Fully impacted acres	
	Type of Tree Fruit	
	Partially impacted acres	
	Fully impacted acres	
	Type of Tree Fruit	
	Partially impacted acres	
	Fully impacted acres	
Estimate of extraordinary costs, not covered by BRM programming, incurred as a result of Post-Tropical Storm Dorian, by type of cost ¹	Type of Cost	Estimated Total Cost
	Orchard Access Clean Up	
	Trellis Repair/Replacement	
	Tree Straightening	

¹ Type of extraordinary cost not covered by BRM Programming includes orchard access clean up, trellis repair/replacement, and tree straightening.

2.0 Description of Performance

Please provide a description of how the Dorian Response Program will support your agricultural operation. Please include two to three paragraphs for your answer.

2.1) How will your participation in the Dorian Response Program support you to mitigate the extraordinary costs incurred as a result of Post-Tropical Storm Dorian, and support the continued viability of your agricultural operation?

Description

APPENDIX B: Applicant Reporting Form (Corn)

Prepared by (Name): _____

Initial: _____

Date: _____

**Original signed copy to be placed in Central File*

FOR DEPARTMENT

Date received by Dept: _____

Dept. Initial (Rec'd): _____

Date approved by Dept.: _____

Dept. Initial (Approved): _____

1.0 Performance Indicators

Performance Indicator (to be collected by Dorian Response Program clients who produce corn)	Results	
Metrics		
Total number of acres of corn planted during the 2019 growing season, by type of corn	Corn Type	Acres
	Grain	
	Silage	
	Snaplage/Cobmeal	
Total number of acres of corn harvested during the 2019 growing season, by type of corn	Corn Type	Acres
	Grain	
	Silage	
	Snaplage/Cobmeal	
Estimate of extraordinary costs, not covered by BRM programming, incurred as a result of Post-Tropical Storm Dorian, by type of cost ²	Type of Cost	Estimated Total Cost
	Drying Costs	
	Equipment Repair	
	Custom Operator	
	Special Equipment	

2.0 Description of Performance

Please provide a description of how the Dorian Response Program will support your agricultural operation. Please include two to three paragraphs for your answer.

<p>2.1) How will your participation in the Dorian Response Program support you to mitigate the extraordinary costs incurred as a result of Post-Tropical Storm Dorian, and support the continued viability of your agricultural operation?</p> <p>Description</p>
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² Type of extraordinary cost not covered by BRM Programming includes drying costs, equipment repair, custom operator and special equipment.

APPENDIX C: Applicant Reporting Form (Crambe)

Prepared by (Name): _____

Initial: _____

Date: _____

**Original signed copy to be placed in Central File*

FOR DEPARTMENT

Date received by Dept: _____

Dept. Initial (Rec'd): _____

Date approved by Dept.: _____

Dept. Initial (Approved): _____

1.0 Performance Indicators

Performance Indicator (to be collected by Dorian Response Program clients who produce crambe)	Results	
Metrics		
Total number of acres of crambe planted during the 2019 growing season		
Total number of acres of crambe harvested during the 2019 growing season		
Estimate of extraordinary costs, not covered by BRM programming, incurred as a result of Post-Tropical Storm Dorian, by type of cost ³	Type of Cost	Estimated Total Cost
	Drying Cost	
	Equipment Repair	
	Custom Operator	
	Special Equipment	

2.0 Description of Performance

Please provide a description of how the Dorian Response Program will support your agricultural operation. Please include two to three paragraphs for your answer.

<p>2.1) How will your participation in the Dorian Response Program support you to mitigate the extraordinary costs incurred as a result of Post-Tropical Storm Dorian, and support the continued viability of your agricultural operation?</p> <p>Description</p>
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³ Type of extraordinary cost not covered by BRM Programming includes drying costs, equipment repair and special equipment