



## Instructions for submitting this application

### 1. Determine whether you are eligible

You may apply for funding under this program if you meet the following criteria:

- Your business is based and operating in B.C. and is provincially or federally registered
- Your business is involved in any of the following activities:
  - » Post-farm agri-business (e.g. processor, transporter, warehouse, distributor, packager, importer, exporter) handling food for human consumption
  - » Processing facility (beyond washing, grading and packaging) located on a farm premise and not covered by a certified on-farm food safety program
  - » A First Nations post-farm agri-business with a Health Canada site licence

Non First Nations post-farm agri-businesses and processing facilities will be required to be federally registered or provincially licensed and have an active GST number.

**NOTE:** the following are NOT eligible under this program: aquaculture and seafood processing/handling operations; health and/or nutrition supplement processing/handling operations; pet food and/or operations producing food not intended for human consumption; facilities/plants that have already received HACCP certification; retail operations; restaurants or other food service operations; unlicensed, unregistered, and/or uninspected facilities; and any other business deemed ineligible by the Ministry.

### 2. Determine whether your planned activities are eligible

Your application should have been prepared in discussion with your assigned Food Safety Assessor and be based on your approved Food Safety work plan. Examples of eligible food safety activities include technical advisory services for implementing a food safety system; facility modifications; lab analysis; transportation, shipping, receiving and storage; equipment; staff training; sanitation and pest control; operational prerequisite programs – record keeping; and first certification audit.

**NOTE:** examples of ineligible activities include (but are not limited to): recertification, verification or surveillance audits of a current HACCP program; activities that are peripheral or not directly connected to food safety; traceability and recall. Activities already covered under previously funded programs will not be considered eligible.

**3. Complete all parts of the application form**

**4. Include these supporting documents**

- Proof of your Business Registration
- Copy of your Provincial Operating license (if required)
- Cover letter signed by upper management indicating:
  - » Management's commitment to food safety and improving your food safety systems
  - » Commitment to providing adequate time and resources to improve your food safety systems
  - » Commitment to the required reporting, record keeping and auditing required for obtaining program funding
- A letter from your financial institution indicating financial stability

|                                  |                      |                               |
|----------------------------------|----------------------|-------------------------------|
| Project Number (office use only) | Program Year:        | July 3, 2014 – March 31, 2015 |
|                                  | Project Completion:  | December 31, 2015             |
|                                  | Reporting Deadlines: | January 31, 2016              |

**Please use ink if you are completing the form from a print out.**

**Part A. Applicant Information**

(Use full legal name of GST Registrant)

|                                                                                                                                                      |                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Full Legal Business Name _____                                                                                                                       |                                                    |
| Name and Title of Company Representative submitting this application                                                                                 |                                                    |
| Name _____                                                                                                                                           | Title _____                                        |
| Mailing Address _____                                                                                                                                | Business Address (if different from Mailing) _____ |
| City/Town/Village _____                                                                                                                              | City/Town/Village _____                            |
| Postal Code _____                                                                                                                                    | Postal Code _____                                  |
| Telephone _____ Fax _____                                                                                                                            | Other Number (e.g. Cell) _____                     |
| Email _____                                                                                                                                          | GST Number _____                                   |
| North American Industry Classification System (NAICS) Canada 2012 - NAICS Code _____                                                                 |                                                    |
| <small>For a list of NAICS codes, please click <a href="#">here</a> <span style="float: right;">(please include entire 6 digit code)</span> </small> |                                                    |

*Required fields are displayed above with a **RED** border.*

Funding to be made payable to: \_\_\_\_\_  
 (if different from GST registrant name, please provide documentation explaining why)

Part B. Company Background Information

1. Gross food-related sales for the past two completed fiscal years.

Year 1 (2012) \_\_\_\_\_ Year 2 (2013) \_\_\_\_\_

2. Languages spoken by employees

- |                                   |                                        |
|-----------------------------------|----------------------------------------|
| <input type="checkbox"/> English  | <input type="checkbox"/> Cantonese     |
| <input type="checkbox"/> Punjabi  | <input type="checkbox"/> French        |
| <input type="checkbox"/> Hindi    | <input type="checkbox"/> Spanish       |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> First Nations |

3. Type of Industry

- |                                           |                                                                                  |
|-------------------------------------------|----------------------------------------------------------------------------------|
| <input type="radio"/> Food Warehousing    | <input type="radio"/> Food Exporter                                              |
| <input type="radio"/> Food Distribution   | <input type="radio"/> Food processor in the Dairy, Meat or Ready to Eat industry |
| <input type="radio"/> Food Transportation | <input type="radio"/> Food processor in the Fruit and Vegetable industry         |
| <input type="radio"/> Food Packagers      | <input type="radio"/> Food processor in the Bakery or Beverage industry          |
| <input type="radio"/> Food Importer       | <input type="radio"/> On-Farm agri-tourism industry                              |

4. How many full time employees or equivalents does your plant have?

- 1-10     11-50     51-100     101-500     More than 500

5. How many production lines are in operation at your plant? \_\_\_\_\_

6. How many different products are made in your plant? \_\_\_\_\_

7. If you aim to get HACCP certification, how many HACCP plans do you expect to implement? \_\_\_\_\_

8. What commodities does your plant process? Check all that are applicable.

- |                                                                   |                                                                                |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Meat and Poultry Slaughtering and Boning | <input type="checkbox"/> Snacks Foods                                          |
| <input type="checkbox"/> Meat and Poultry Further Processing      | <input type="checkbox"/> Confectionery                                         |
| <input type="checkbox"/> Dairy Food Processing                    | <input type="checkbox"/> Manufacturing Food                                    |
| <input type="checkbox"/> Bakery Operations/Cereal Food Processing | <input type="checkbox"/> Ingredient Manufacturing                              |
| <input type="checkbox"/> Egg Processing                           | <input type="checkbox"/> Oil Seed Processing                                   |
| <input type="checkbox"/> Beverage Processing                      | <input type="checkbox"/> Preserved Food and Sauces                             |
| <input type="checkbox"/> Fruit and Vegetable Processing           | <input type="checkbox"/> Canning, UHT and Aseptic Operations not covered above |
| <input type="checkbox"/> Fermented Products not covered above     | <input type="checkbox"/> Other (Please specify) _____                          |

**9. What are your reasons for implementing GMPs, HACCP, or ISO 22000? Check all that are applicable.**

- Customers request       Food safety/risk management       Other (Please specify) \_\_\_\_\_  
 To maintain market share       Cost savings  
 To expand market       Management/head office directive

**10. If you have not yet implemented GMPs, HACCP, or ISO 22000, why not? Check all that are applicable.**

- High cost       Lack of knowledge/in-house expertise  
 Lack of support       No recognition available  
 Lack of time       Other (Please specify) \_\_\_\_\_

**11. Your plant has:**

- a single employee responsible for quality control (QC)/quality assurance (QA)  
     Full time       Part time  
 a team responsible for quality control (QC)/quality assurance (QA)  
 Neither  
 Other (Please specify) \_\_\_\_\_

**12. Your plant has:**  a HACCP coordinator       a HACCP team (including a HACCP coordinator)       neither

**13. Profile and history of your business – Describe your plant by answering the following.**

How long has your company been in business?     0 – 5     5 – 10     Over 10 years

How long do you plan to continue in business?     0 – 5     5 – 10     Over 10 years

Where do you sell your products?

- Food Service (restaurants, institutions, etc.)  
 Retail  
 Wholesale  
 Direct to customer  
 Other (please specify) \_\_\_\_\_

Do you plan to expand your market?     No     Yes (please specify) \_\_\_\_\_     Unsure

Do you export?     No     Internationally (outside Canada)     Inter-provincially (outside B.C.)

**14. Financial information (required)**

- a) How long have you been in business at this location?
- b) Do you currently have any collection claims or judgments against you?     No     Yes  
If yes, please explain \_\_\_\_\_
- c) What is your intended source of funds to implement the FSI GMPs and/or HACCP in your plant?  
 Private Investment     Line of Credit     Bank Loan     Existing Funds  
 Other (please specify) \_\_\_\_\_

Part C - Project Information

Project description - Questions 1 – 5 relate to how you plan to implement your food safety program.

**1. Who will develop the written programs?** Check all that are applicable

- QA/QC Manager
- HACCP Coordinator
- Plant Manager
- Owner/operator
- Team of plant staff
- Consultant working with a plant staff
- Other, please specify \_\_\_\_\_

**2. How will your staff be trained on the food safety requirements of your program?** Check all that are applicable

- Training provided by consultant, tailored to facility
- External training institution - please provide name of institution \_\_\_\_\_
- Training performed by internal staff
- Self-training
- Other, please specify \_\_\_\_\_

**3. After successful completion of your activities, who will maintain the program in the future?**

Check all that are applicable

- Hire a consultant to review and revise the program
- Internal staff
- A combination of internal staff and consultant
- Other, please specify \_\_\_\_\_

**4. After successful completion of your activities, what on-going methods will be used to monitor the program in the future?** Check all that are applicable

- End Product Testing
- Hire a consultant to verify the program/Third party audit
- Obtain Certification by an external body
- Internal staff will monitor the program
- Other, please specify \_\_\_\_\_

**5. How will this project contribute to your business's short and long term goals?** Check all that are applicable

- Increase market access
- Increase product shelf-life
- Decrease costs
- Decrease liability and insurance premiums
- Increase management and staff commitment to food safety
- Decrease waste
- Decrease employee turnover
- Meet buyer/customer demands increase process controls
- Retain existing markets
- Improve employee morale
- Improve productivity
- Decrease re-work and returns
- Other, please specify \_\_\_\_\_

**6. Please answer the following:**

Are you currently receiving funding for this project?     Yes     No

If yes, indicate from where: \_\_\_\_\_

Are you applying for funding of these costs under any other government sponsored program?     Yes     No

If yes, indicate which program: \_\_\_\_\_

## Part D - Plan Details

Describe all implementation activities planned and proposed expenses in the following table.

| Category                                                                                                                                                                        | Eligible Activities | Eligible Item Cost<br>(estimate of total cost) | Cost Share<br>(eligible cost x reimbursement rate) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------|----------------------------------------------------|
| Staff Training<br>(@90% reimbursement rate)                                                                                                                                     |                     | \$                                             | \$                                                 |
| Facility Modifications<br>must be required for HACCP<br>certification (@90% cap \$20,000)                                                                                       |                     | \$                                             | \$                                                 |
| Lab Analysis<br>(@90% reimbursement rate)                                                                                                                                       |                     | \$                                             | \$                                                 |
| Transportation, shipping,<br>receiving and storage<br>(@90% reimbursement rate)                                                                                                 |                     | \$                                             | \$                                                 |
| Equipment<br>must be required for HACCP certification<br>(@50% reimbursement rate)                                                                                              |                     | \$                                             | \$                                                 |
| Post-secondary formal<br>training in Food Safety<br>(@90% reimbursement rate)                                                                                                   |                     | \$                                             | \$                                                 |
| Sanitation and pest control<br>(Includes exterior and interior of food<br>production areas, building, sanitary<br>facilities) (@90% reimbursement rate)                         |                     | \$                                             | \$                                                 |
| Operational prerequisite<br>programs - Record Keeping<br>(@90% cap - \$5,000 per year)                                                                                          |                     | \$                                             | \$                                                 |
| First certification audit<br>HACCP Certification required for<br>reimbursement (@90% - \$5,000 per<br>year max \$20,000 for program life and<br>can be for up to 4 HACCP Plans) |                     | \$                                             | \$                                                 |
| Technical Advisory Services                                                                                                                                                     |                     | \$                                             | \$                                                 |
| <b>Totals</b>                                                                                                                                                                   |                     |                                                |                                                    |
| <b>Total Funding Requested From The Program</b>                                                                                                                                 |                     |                                                |                                                    |

|                                                                                                                                               |                       |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--|
| I/We understand that this program cannot provide funding for any projects that have been started and/or completed prior to approval by BCFPA. | <b>Initial here ►</b> |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--|

All items included herein will be reviewed based on its inclusion as an eligible cost from the program guidelines.

Please provide additional details of your implementation activities on a separate sheet to assist in determining eligibility of identified items above. A food safety assessment completed by an approved safety assessor must also accompany this application in order to be considered eligible for the program. It is important to have a clear understanding of your program and how you will achieve certification/acceptance in such a program which needs to be included in your application.

Part E - Declaration

**PLEASE READ THE FOLLOWING DECLARATIONS. SIGNING THIS APPLICATION IS AN AGREEMENT THAT YOU WILL ABIDE BY THE PROGRAM TERMS & CONDITIONS**

I/We hereby declare that the information provided in this application is true and correct in every respect.

I/We have read and agree to the Terms and Conditions provided with this application.

I/We understand that the information collected will be used in furtherance of and in a manner consistent with an activity of the public body; that is the Post-Farm Food Safety Program under the Growing Forward 2 Agreement.

I/We understand that the information collected/provided on this document is collected by the British Columbia Food Processors Association under the authority of the Growing Forward 2 Agreement for the purpose of taking action to increase food safety.

I/We authorize employees of the Province of British Columbia or its agents to use data relating to my/our association to verify this application, and to inspect my/our records as they pertain to this program.

I/We understand that the Business Number (GST Number) is collected under the authority of the Income Tax Act for the purpose of reporting income.

I/We understand that this program cannot provide funds for any projects that have been started and/or completed prior to approval by BCFPA.

I/We authorize the Province of British Columbia to use the information contained within this application for other food safety programs administered by the Province of British Columbia and the Government of Canada.

I/We authorize and consent to the disclosure and use of the attached information for the purpose of general analysis on an aggregate basis as long as individual confidentiality is maintained.

I/We also understand that failure to comply with all the applicant requirements may delay processing of the application or render me/us ineligible for assistance under the program.

I/We agree that I/we will be responsible for ensuring the technical and structural adequacy and legal requirements of this project.

I/We will observe and abide by all applicable Federal, Provincial and Municipal laws and regulations.

I/We acknowledges that we can obtain funding to a maximum of \$20,000 per plant during the period of August, 2014 to February 29, 2016.

| <b>CORPORATIONS, COOPERATIVES and FIRST NATIONS</b>                                                                                                                     | <b>TRUSTEE</b>                                                                           | <b>ESTATE APPLICATIONS</b>                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Applications must be signed by authorized signing officer(s) with accompanying certified signature resolution or corporate seal and/or copy of Band Council Resolution. | Power of Attorney or Court Order must be attached if signed on behalf of another person. | Executor(s) or Administrator(s) must sign the Application, and must clearly note near their Signature: "Executor for the Estate of J. Doe"; or "Administrator for the Estate of J. Doe". |
| <b>PLEASE PRINT YOUR NAME</b>                                                                                                                                           | <b>APPLICANT SIGNATURE(S)</b>                                                            | <b>DATE</b>                                                                                                                                                                              |
|                                                                                                                                                                         |                                                                                          |                                                                                                                                                                                          |

Please send completed forms by clicking the submit button or email to: [info@postfarmfoodsafety.ca](mailto:info@postfarmfoodsafety.ca) – or – fax to (604) 371-3421

