



# Growing Forward

## Food Safety System Implementation (Producer) Program - Implementation Element

Project Number (office use only)	Program Year	April 1, 2010 – March 31, 2011
	Project Completion	January 30, 2011
	Reporting Deadlines	February 14, 2011

PROTECTED ONCE COMPLETED (Please use ink and print)

### 1. Applicant Information (Use full legal name of GST Registrant)

<b>Full Legal Farm Name</b>		<b>Name</b>	
<b>Mailing Address</b>		<b>Farm Address (if different from Mailing)</b>	
<b>City/Town/Village</b>	<b>Postal Code</b>	<b>City/Town/Village</b>	<b>Postal Code</b>
<b>Telephone Number</b>	<b>Fax Number</b>	<b>Other Number</b>	
<b>NAICS Code (see Application Guide)</b>	<b>GST Number</b>	<b>Email Address</b>	

#### Background Information:

How many full time employees or equivalents does your farm have?

- 1-10     11-50     More than 50

Are you currently certified in an OFFS Program? If so, which one? \_\_\_\_\_

#### Your farming operation 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)  
 No one specifically responsible for quality control / Quality Assurance  
 Other (please specify) \_\_\_\_\_

How long has your company been in business?

- 0 – 5 years     5 – 10 years     over 10 years

How long do you plan to continue in business?

- 0 – Years     5 – 10 years     over 10 years



### Where do you sell your products?

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

### Do you export?

- No
- Internationally (outside Canada)
- Inter-provincially (outside B.C.)

### Benefits

Indicate which of the following benefits you anticipate as a result of your proposed project:

- Reduced waste/spoilage
- Updated equipment/software
- Reduced operating costs
- Improved product quality/consistency
- Improved inventory management
- Increased process control

Indicate which of the following benefits you hope to achieve on a business level as a result of your proposed project:

- Sense of responsibility
- Fewer customer complaints
- Buyer/Customer confidence
- Keep/attract customers
- Increased market opportunities
- Opportunity to be an industry leader
- Streamlined business processes
- Improved company reputation
- Increased labour efficiency
- Decreased legal liability
- Meeting regulatory requirements
- Reduced risk of recall
- Achieve certification/recognition

What has kept you from implementing a Food Safety program? Check all that are applicable:

- High cost
- Lack of support
- Lack of knowledge/in-house expertise
- Other (please specify) \_\_\_\_\_
- Lack of time
- You have one, but are upgrading
- No recognition available

## 2. Eligibility

**Note: See page 6 of the Application Guide for list of Ineligible Operations.**

**See Application Guide for list of CFIA approved programs and recognized international food safety programs.**

Which of OFFS or HACCP programs will you be completing?

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**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: \_\_\_\_\_

## 3. Project Information

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
- Training performed by internal staff
- Self-training
- Other, please specify \_\_\_\_\_

**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 \_\_\_\_\_

**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 \_\_\_\_\_

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

- |  |   |
|--|---|
| <input type="checkbox"/> Increase market access                                  | <input type="checkbox"/> Meet buyer/customer demands  |
| <input type="checkbox"/> Increase product shelf-life                             | <input type="checkbox"/> Increase process controls    |
| <input type="checkbox"/> Decrease costs  | <input type="checkbox"/> Improve employee morale      |
| <input type="checkbox"/> Decrease liability and insurance premiums               | <input type="checkbox"/> Retain existing markets      |
| <input type="checkbox"/> Increase management and staff commitment to food safety | <input type="checkbox"/> Decrease re-work and returns |
| <input type="checkbox"/> Decrease waste  | <input type="checkbox"/> Improve productivity         |
| <input type="checkbox"/> Decrease employee turnover                              | <input type="checkbox"/> Other (please specify) _____ |

## 4. Plan Details

**Describe all Implementation activities planned and proposed expenses in the following table:**

Eligible Items	Eligible Item Cost	Cost Share @ 90%
See Application Guide for limits of sub-categories		
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>MAXIMUM PER PRODUCER</b>	\$	\$3000.00
<b>TOTAL FUNDING REQUESTED FROM THE PROGRAM</b>		\$

**Please provide additional details of your Implementation Activities on a separate sheet to assist in determining eligibility of identified items above. It is important to have a clear understanding of your specific OFFS program and how you will achieve certification/acceptance in such a program which needs to be included in your application.**



## 4. Declaration

**PLEASE READ FOLLOWING DECLARATIONS. SIGNING THIS APPLICATION IS AN AGREEMENT THAT YOU WILL ABIDE BY THE PROGRAM TERMS & CONDITIONS (SEE PAGE 11 OF APPLICATION GUIDE).**

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 On-Farm Food Safety Implementation (Producer) Program under the Growing Forward Agreement.

I/We understand that the information collected provided on this document is collected by the British Columbia Agricultural Development and Research Corporation under the authority of the Growing Forward Agreement for the purpose of taking action to increase food safety awareness.

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 ARDCorp.

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.

If you have any questions about the collection, use and disclosure of this information, contact Navneet Gill, Provincial Food Safety Specialist, 1767 Angus Campbell Road, Abbotsford, BC, V3G 2M3, 604-556-3079.

CORPORATIONS, COOPERATIVES and INDIAN BANDS	TRUSTEE	ESTATE APPLICATIONS	
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".	
PLEASE PRINT YOUR NAME	APPLICANT SIGNATURE(S)	DATE	

## 5. Submission and Claims

**Implementation Element funding requests will be accepted until funds for this program have been fully allocated.**

Submit the following:

1. This completed & signed application
2. A copy of your completed gap analysis as part of your completed work plan
3. A copy of the current years B.C. Assessment notice

OR

A copy of your farmer's id card

Your entire application package can be mailed or faxed to:

**ARDCorp - FSSI (Producer) Program - Implementation Element**

**#230 – 32160 South Fraser Way**

**Abbotsford, BC**

**V2T 1W5**

**Fax: 604-854-4485**

**Applications will be approved on a first come, first serve basis so applicants are recommended to apply well in advance as application approval is subject to availability of funds.**

**Incomplete applications may result in delays in approving your application and possibly shorten the work plan's timeline.**

**Approval letters will be mailed to the address on the application.**

**Do not begin your project until you have officially been advised by ARDCorp of the Implementation Program Approval.**

**Once your project is complete, submit your final claim and activity report to ARDCorp by the February 14, 2010.**

**Keep a copy of your signed application for your records.**