



Growing Forward 2

Interim On-Farm Food Safety Audit Program Application

AUDIT APPLICATION

This application is for FIRST time certification in the national On-Farm Food Safety (OFFS) Program of your choice. Recertification of a food safety program is **not** eligible. Please complete and submit the information below prior to completing your audit. **The application intake period for the Interim On-Farm Audit Program will be from June 1, 2016 to September 30, 2016.**

This is a cost-shared program. Participants will receive a maximum of \$900 available per eligible business and a maximum reimbursement rate of 90% of the cost of the audit. Only successful audits will be reimbursed. Audit requests will be assessed on a first come, first serve basis.

Only applicants who qualify as an Eligible Participant may receive funds through the Interim On-Farm Food Safety Audit Program.

Eligible Participants include the following businesses based and operating in BC and that are provincially or federally registered:

- on-farm agri-businesses producing food for human consumption; and
- which have never been certified in the OFFS program they are applying for.

Businesses are also required to:

- constitute a legal entity;
- be in compliance with all requirements of law and agree to remain in compliance for the term of the contribution agreement (if the project is approved);
- file business and/or farm income/loss taxes in British Columbia; and
- have an active Canada Revenue Agency (CRA) nine-digit business registration number (BRN).

PART A: APPLICANT INFORMATION

CONTACT INFORMATION

Legal Business Name:							
Name and title of company representative:							
Last Name:		First Name:		Title:			
Phone number:		Alternate Phone number:					
Email:							
Mailing Address:		Post Code:		Farm Address:		Post Code:	
City:		Province:		City:		Province:	
Business Registration Number GST				Commodity:			
Six digit NACIS Code: Please click here for a list NACIS codes							



PART B: BUSINESS PROFILE

1. How long has your farm/ business been in operation?

0-5 years 5-10 years Over 10 years

2. How long do you plan to continue in business?

0-5 years 5-10 years Over 10 years

3. Where do you sell your products?

Wholesale/ Packing House

Direct to customer

Retail

Other (please specify): _____

Food Services (restaurant, institutions, etc.)

MARKET ACCESS INFORMATION

1. Do you plan to expand your market?

No Yes (please specify): _____

2. Do you export?

No

Internationally (please specify): _____

Inter-provincially (outside B.C.) (please specify): _____

EMPLOYEES

1. How many employees does your operation employ when in operation, or during a harvest period?

0-5

5-10

10-20

20-50

50-100

100+

2. Languages spoken by employees:

English

Cantonese

Punjabi

French

Hindi

Spanish

Mandarin

First Nations language: _____

Other: _____

FOOD SAFETY INFORMATION

1. Your farming operation has:

The owner is solely responsible for food safety

A single employee responsible for food safety

A team responsible for food safety

A food safety advisor/consultant is contracted to provide food safety advice/services.

No one employee, manager or team solely responsible for food safety

Other: _____

Have you been previously certified in an On Farm Food Safety Program?

- Yes No

If yes, which one: _____ What year? _____

PART C: AUDIT INFORMATION

Only successful audits will be reimbursed

1. What recognized on-farm food safety assurance program are you seeking first time certification in?

- | | |
|---|--|
| <input type="checkbox"/> CanadaGAP – Canadian Horticulture Council
<input type="checkbox"/> Group <input type="checkbox"/> Individual | <input type="checkbox"/> Good Agriculture Collection Practices – Herb, Spice & Natural Health |
| <input type="checkbox"/> Canadian Quality Milk – Dairy Farmers of Canada | <input type="checkbox"/> Canadian Quality Assurance Program – Hog Producers |
| <input type="checkbox"/> Verified Beef Production – Canadian Cattlemen’s Association | <input type="checkbox"/> Food Safe Farm Practices Program – Canadian Sheep Federation |
| <input type="checkbox"/> Start Clean Stay Clean – Canadian Egg Marketing Agency | <input type="checkbox"/> On-Farm Food Safety Program – Canadian Grains Council |
| <input type="checkbox"/> Safe, Safer, Safest – Chicken Farmers of Canada | <input type="checkbox"/> Other: _____ |

2. What are your reasons for conducting an OFFs audit? Check all that are applicable.

- | | |
|---|--|
| <input type="checkbox"/> Food safety/risk management | <input type="checkbox"/> Customer Request |
| <input type="checkbox"/> To maintain market share | <input type="checkbox"/> Management/head office directive |
| <input type="checkbox"/> To expand market | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Cost savings | |

3. What date do you anticipate your audit to be completed:

Day	Month	Year
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PART D: FINANCIAL

Complete the following table based on the estimated costs of the audit.

On Farm Food Safety Audit	Eligible Audit Cost (estimate of total cost)	90% Cost Share (eligible cost x 90%)
Insert type of Audit	\$	\$



PART E: DECLARATION

By submitting this form for benefits under the British Columbia Ministry of Agriculture’s *Growing Forward 2* Interim Food Safety Audit Program, I/We:

- Hereby declare that the information provided in this application is true and correct in every respect and that I/We have not applied more than once for the Services.
- Authorize the Province of British Columbia, its employees or agents to use the information contained within this application and data relating to my/our agrifood operation to verify this application and to administer, audit, analyze, evaluate, and improve the *Growing Forward 2* programs administered by the Province of British Columbia and the Government of Canada.
- Acknowledge that I/we are presently actively engaged in the agrifood entity (i.e. participate in the day-to-day operations of the farm/business) and am/are British Columbia resident(s) over 19 years of age.
- Understand that failing to comply with all other application requirements may delay the processing of the application, or may make me/us ineligible for receiving assistance under the program.
- Acknowledge that the completion and submission of this application form does not oblige BC Ministry of Agriculture, their agents, servants, and employees to provide funding for the services herein.
- Understand that expenses incurred prior to the submission of an approved application are not eligible for assistance under this program.
- Agree to participate in an evaluation and/or audit of the program.
- Understand that in the performance of the activities funded by this project, I/we must comply with all applicable laws.
- 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 Interim On-Farm Food Safety Audit Program being delivered under the Canada-British Columbia *Growing Forward 2* Framework and Bilateral Agreements.
- If you have any questions about the collection, use and disclosure of this information, contact: foodsafety@gov.bc.ca or 1-888-221-7141
- Agree that the information provided for the purposes of the *Growing Forward 2* Interim Food Safety Audit Program may be shared with Agriculture and Agri-Food Canada or its agents regarding claims, audits, and evaluations as it relates directly to and is necessary for this contract being delivered as part of the Canada-BC *Growing Forward 2* Framework and Bilateral Agreements.
- Consent to the public release of my/our business name, the amount of funding received, and the general nature of the project.

Disclaimer: The British Columbia Minister of Agriculture and the Minister of Agriculture and Agri-Food Canada, their officers, servants, and agents accept no responsibility nor will they be held liable for any claims, demands, losses, or actions which may be made or taken against them, rising out of the advice, operation or any other action related to the Interim On-Farm Food Safety Audit Program.

NOTE: Audits completed prior to receiving approval from the BC Ministry of Agriculture will not be eligible for reimbursement under the Interim On-Farm Food Safety Audit Program.

Dated this _____ day of _____, 2016 at _____, B.C.

Name of Applicant (Please Print)

Signature of Applicant

Forward the completed, signed application and supporting documentation to the Program Administrator:

By Mail: 1767 Angus Campbell Rd Abbotsford, BC V3G 2M3 **By Email:** foodsafety@gov.bc.ca **By Fax:** 604 556-3030

For further information please contact:

By email: foodsafety@gov.bc.ca Or by phone: 1-888-221-7141

For Ministry use:

Agriculture	RC		SL		STOB		Project		File	
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