



# Growing Forward 2

A federal-provincial-territorial initiative

## BC FARM BUSINESS ADVISORY SERVICES PROGRAM

### APPLICATION For BC Food Processors



**PART A—APPLICANT INFORMATION**

Please complete the sections below that apply to you. (check one in each section)

Section 1 You are applying as:		
<input type="checkbox"/> A sole proprietor (individual):		
First Name	Middle Name	Last Name

<input type="checkbox"/> A partnership <input type="checkbox"/> A corporation <input type="checkbox"/> A cooperative <input type="checkbox"/> Other association of persons.		
Organization Name (If applicable)	Contact Person	
Names of partner (s) or shareholder (s): <i>(attach separate page if necessary)</i>		
First Name	Middle Name	Last Name
First Name	Middle Name	Last Name
First Name	Middle Name	Last Name

Section 2 You are applying as:	
<input type="checkbox"/> A food processor established in B.C., who files income tax in B.C. and sources B.C. products having and has an annual gross business income of \$10,000 or more.	
<input type="checkbox"/> A new entrant to the food processor industry who intends to establish a B.C. based business that sources B.C. products and will, when established file income tax in B.C. Business projections must demonstrate potential annual gross business income of \$10,000 or more within three years of applying.	
Please indicate if you have received support for B.C. Food Processor Specialized Business Planning under the B.C. Farm Business Advisory Services Program ( <i>Growing Forward 2</i> ): YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, indicate Specialized Business Planning area: _____ Year _____	
<i>Note: Due to program resource constraints, approvals may be limited.</i>	

File Number (Office Use Only)	
Date Application Received	
Census Division	

Please provide the following contact information:

Mailing Address		Business Address	
City/Town/Village	Postal Code	Regional District	
Day Phone #	Alternate Phone #	Facsimile #	Email Address

Have you completed the Taking Stock workbook for food processors and prepared an action plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Please indicate which service you are applying for:

<input type="checkbox"/> Business Strategy	<input type="checkbox"/> Business Structure	<input type="checkbox"/> Human Resources
<input type="checkbox"/> Succession Planning	<input type="checkbox"/> Cost of Production	<input type="checkbox"/> Value-added Ventures
<input type="checkbox"/> Marketing Strategy	<input type="checkbox"/> Risk Assessment	<input type="checkbox"/> Financial Management

What B.C. grown commodities do you source for processing?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Name of eligible Business Advisor providing services for this application			
Mailing Address			
City/Town/Village		Postal Code	
Phone #	Alternate Phone #	Facsimile #	Email Address

**Food Processing Business type and size:**

Please indicate the type of products; number of units manufactured annually, units used to measure product, and the number of employees.

Type of product	Number of units manufactured annually	Units used to measure product [cases, packages, pounds]	Number of employees

**PART D – DECLARATIONS AND CONSENT TO USE PERSONAL INFORMATION**

By submitting this form for benefits under the Ministry of Agriculture’s Farm Business Advisory Services 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 Specialized Business Planning 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 food processing 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 food processing (i.e. participate in the day-to-day operations of the food processing entity) 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 B.C. Ministry of Agriculture, their agents, servants, and employees to provide funding for the services herein.
- Agree to participate in an evaluation and/or audit of the program.
- Understand that personal information on this form is collected under the Freedom of Information and Protection of Privacy Act, s.26(c).
- The information collected will be used in furtherance of and in a manner consistent with an activity of the public body; that is the Farm Business Advisory Services 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: the Agri-food Business Development Program, B.C. Ministry of Agriculture, 2501-14th Avenue, Vernon, BC, V1T 8Z1  
Toll free 1 877 702-5585

**PART E- SIGNATURE(S)**

**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 B.C. Farm Business Advisory Services program.

**NOTE - Work started on B.C. Farm Business Advisory Services projects prior to receiving approval from the B.C. Ministry of Agriculture will not be eligible for support under this program.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_, B.C.

\_\_\_\_\_  
Name of Applicant, *please print*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Applicant, *please print*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Applicant, *please print*

\_\_\_\_\_  
Signature of Applicant

**CHECK LIST - Please ensure you have included the following documents with the completed application form:**

- A copy of your completed action plan.
- The specialized business planning services project proposal completed by your Business Advisor as noted in the deliverables information (signed by you and an eligible Business Advisor).

**Forward your completed, signed application and supporting documentation to:**

**By Mail: B.C. Farm Business Advisory Services Program  
B.C. Ministry of Agriculture  
2501-14th Avenue  
Vernon B.C. V1T 8Z1**

**By Fax: 250 260-4602**

**By Email: BCFBAS@gov.bc.ca**

**For further information please contact:**

**B.C. Farm Business Advisory Services Program  
Phone: 1 877 702-5585**

***“Good plans shape good decisions. That’s why planning helps to make elusive dreams come true”***

Lester R. Bittel  
The Nine Master Keys of Management