

FOOD SAFETY OBSTACLES TO MARKET

Deadline: Intake is ongoing until funds are fully subscribed.

Applicant Information

Company Name:

NS Registry of Joint Stock Companies # (if registered):

Contact Name:

Civic Address (of processing location)

Street: Province:

Town: Postal Code:

Mailing address (if different than civic address):

Street: Province:

Town: Postal Code:

E-mail Address: Telephone:

Product Information

Please name and describe the product(s) for which this application is intended and attach the formulation (list of ALL ingredients and quantity of each, indicating which are NS agricultural product) for each product in question.

Product Sales: Direct to consumer (farm gate, farmers market)
 Your own retail location
 Distribution to other retail outlets
 Wholesale

Nature of the Obstacle

Please describe the specific food safety requirement or obstacle that is preventing this product (or products) from entering or remaining in a retail market

What eligible activity will help you overcome this obstacle?

<input type="checkbox"/>	Gap Assessment
<input type="checkbox"/>	Program Coaching
<input type="checkbox"/>	Pre-Audit Assessment

Pre-Requisite

Has someone in your company taken any of the Food Safety Fundamental Courses? Please note: A food handlers course is not sufficient.

If yes

Name:	<input type="text"/>	Course Taken:	<input type="text"/>
Name:	<input type="text"/>	Course Taken:	<input type="text"/>

If no, please provide proof (photocopy or picture) of completion from a recognized food safety course for a person(s) on your staff.

Signature:	<input type="text"/>	Date:	<input type="text"/>
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Process

When a completed application is approved a quote will be generated and sent to the applicant. When the applicant approves and signs quote and pays 20% the work will be scheduled.

Submit completed applications to egrant@perennia.ca

For Internal Use Only

<input type="checkbox"/>	Incomplete	Date: <input type="text"/>
<input type="checkbox"/>	Complete	
<input type="checkbox"/>	Approved	

Project Number:

Date Received:

Status: