

Perennia Seafood COVID-19 Response Program

Application Form

Applications will be received until the program funds have been committed or the program is closed.
Applications will be shared with DFO/NSDFA as part of due diligence.

Applicant Information

Company Name: Number of Employees (FTE)

Operating Name if Different:

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

Contact Name:

E-mail Address: Telephone:

Alternate phone number such as cell number:

Civic Address (of processing location or business address if not a processor)

Street: Province:

Town: County: Postal Code:

Mailing address (if different than civic address):

Street: Province:

Town: Postal Code:

Applicant Ownership Information

Surname	Given Name	Percent Ownership	Active in the Company		If Yes, What Position?
			Yes	No	

Eligibility Information

We are demonstrating eligibility through our (include all that apply):

Nova Scotia Fish Buyers License

Nova Scotia Fish Processors License

Nova Scotia Aquaculture License

Nova Scotia Aquaculture Lease

Nova Scotia Rockweed Lease

Rockweed Harvester Permit Card

Fisheries and Oceans Canada Fishing License

Planned Implementation Activities

Please describe the types of initiatives you are planning to implement to meet COVID-19 related guidelines and restrictions for social isolation, physical distancing and safe workplace practices

Planned Implementation Expenses (Please provide copies of quotes where possible)

Eligible Expense (Take photos as project progresses for reporting purposes)	Estimated cost
Protective barriers to help achieve employee separation	
Personal protective equipment and supplies (eg. hand sanitizer)	
Engineering or design costs to reorient processing lines and workflow	
Equipment and technology to allow for continued productivity in light of processing line or workflow changes	
Development of new work policies and procedures	
Training of employees on new work procedures	
Other* (eg. Signage)	
Other*	
Total	

*Please describe how **Other** items fit with the intent of the program

Describe how the remaining 30% of the project costs will be covered

Name of Source	Amount

Consent and Certification: I authorize Perennia to make any inquiries required, including obtaining corporate and business information about the applicant, to assess this application. I authorize Perennia to make these inquiries of persons, firms, corporations, federal and provincial government departments, agencies, authorities, institutions and non-profit economic development organizations, and consent to the collection of the information. I certify that the information provided is, to the best of my knowledge and ability, complete, true and correct, and that this will apply to all information provided in the future in connection with the assessment and post payment audit of the project. Furthermore, I will notify Perennia if any of the information changes. I certify that financial assistance under this program is a significant factor in the decision to proceed with this project.

Signature:

Date:

Submit completed application form by email to Helen Arenburg: harenburg@perennia.ca

or by fax to 902-678-7266 or by mail to: Perennia 32 Main St., Kentville Nova Scotia B4N 1J5

REV: 2020-06-05