

Send completed application and claim forms to seafoodprograms@perennia.ca
If you require assistance or have questions, please call: Sarah Lowe at 902-930-1022

SECTION 1: APPLICANT INFORMATION

Full Name (include middle name):

Business or Association Name (if applicable):

Operating Name (if different):

Brief description of Company or Association:

Business Number:

Nova Scotia Registry of Joint Stocks Number:

HST Number:

Company Ownership: Provide full Legal Name of Owners/Shareholders

Check Type of License and Number:

- 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
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Mailing Address:

Street

Town

Province

Postal Code

Business Head Office Civic Address (if different than mailing address):

Street

Town

Province

Postal Code

Primary Contact

Name

Job Title

Email address

Phone number

SECTION 2: PROJECT INFORMATION

Physical Location:

Project Name:

Brief Description:

Estimated Total Project Costs:

Amount Requested from NS-ITAP:

Have you received assistance from Fisheries and Oceans Canada / Nova Scotia Department of Fisheries and Aquaculture previously? (e.g. AFF, FACTAP)

Yes	No
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Have you made any financial or legal commitments for the project?

Yes	No
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Will project have any adverse environmental effects?

Yes	No
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Will project impact potential or established Indigenous rights?

Yes	No
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Estimated Start Date of Project (MM/DD/YYYY):

Estimated Completion Date of Project (MM/DD/YYYY):

Project Details: (Attach additional pages to application if required)

What are you trying to achieve? Describe your current process, the obstacles you are trying to overcome and end goal for this project.

What will you be using the funding for? Describe what technology, innovation or infrastructure you are requesting funding support for.

What are the project benefits? How will this funding support increased productivity, competitiveness, quality and/or sustainability?

Provide details of specific equipment or infrastructure purchases you are requesting, including equipment provider.

CONSENT AND CERTIFICATION

I understand that the detailed information provided on this application form and all supporting documents are being collected to support the vetting of applications for funding eligibility by the NS-ITAP Program Review Committee which includes ex-officio representation from both Fisheries and Oceans Canada and the Nova Scotia Department of Fisheries and Aquaculture.

I understand that any project assets contributed to by NS-ITAP must be retained for two years following the project completion date and can't be sold, disposed of, ceased to use, or transferred without written consent of NS-ITAP.

I understand that representatives from Perennia, Fisheries and Oceans Canada and the Nova Scotia Department of Fisheries and Aquaculture may contact me directly for further information, or request to visit the project site.

I acknowledge that completing this application form and receiving advice from Perennia does not oblige Perennia or other delivery agents to provide funding.

I understand that expenses incurred prior to the acceptance of an application to NS-ITAP are not eligible for assistance under this program if and when approved.

I acknowledge that the names of successful applicants, the amount of funding approved, and a description of the project may be included in public records and disclosed on government websites in accordance with the government's proactive disclosure practices.

I certify that the information provided is to the best of my knowledge and ability, complete, true and accurate.

I understand that failing to comply with all application requirements may delay the processing of the application and/or render me ineligible for receiving assistance under NS-ITAP.

I consent to the use of the information for determining funding approval, policy analysis, research and/or evaluation, promotion and communication of relevant government programs.

I certify that financial assistance from NS-ITAP is a significant factor in the decision to proceed with this project.

Applicant Name (print) _____

Applicant Signature _____

Date _____

DOCUMENT CHECKLIST	
	Provide the following documents with your application
	Application Form – completed, signed, and dated
	Copies of relevant permits and licences
	Copies of relevant quotes
	Letter from financial institution confirming balance of financing for the project OR other documentation (e.g. financial statements) demonstrating the balance of financing.
	Other Relevant Document (Specify):

For Office Use Only
Date Application Received: