

Application Intake: October 7, 2026 to September 15, 2027

Note: submission of an application by the deadline does not mean the applicant is approved or that funds are available.

APPLICANT INFORMATION

Legal name of business:

Civic address:

Town/City:

County:

Postal code:

Province: Nova Scotia

Phone Number:

Mailing address if different:

ELIGIBILITY REQUIREMENTS CHECKLIST

Evidence of the following is attached:

- ☐ current production of a retail ready food product (example: photos of production, pdf of packaging)
- ☐ current sales to a retail or food service customer example: proof of payment from a retailer or food service customer, if applicable)
- ☐ plans with a new retail or food service customer to list a product (example: communication with a retailer(s) or Food Service(s) customer)

Proof of at least one of the following is attached (where applicable):

- ☐ Registration with the NS Registry of Joint Stocks
- ☐ Farm Registration under the NS Farm Registration Act
- ☐ Licensed with the NS Department of Fisheries and Aquaculture

Briefly explain the food safety activities needed to meet, maintain or add to your retail markets:

Considering your food safety needs, select and fill in information for one or more of the following activities.

GENERAL FOOD BUSINESS STREAM

COMPONENT 1: TRAINING

For all General Food Business Stream Applicants. Indicate which of the following food safety courses are required (if any), by **inserting the number of attendees** anticipated.

- ☐ Developing and Implementing Preventive Controls / Prerequisite Programs
- ☐ Developing a HACCP Plan/Preventive Control Plan
- ☐ HACCP Refresher

COMPONENT 2: COST SHARED FUNDING

Note: quotes must be included for activities/Items you wish to have funded

Activity	Rationale/Details/Explanation	Cost
Audit Fee Support		
General Food Safety Support		
Food Safety Program Development		
Facility Upgrades (please list each item separately)		
Item	Rationale/Details/Explanation	Cost



MICRO BUSINESS STREAM

For Micro-business only. Indicate which of the following food safety courses are required (if any), by **inserting the number of attendees** anticipated.

COMPONENT 1: TRAINING

1. Introductory Skills for Creating Your Food Safety Program
2. Conditions Respecting Establishment & Conveyances and Equipment
3. Hygiene, Competency, Sanitation, Pest Control & Non-Food Agents
4. Unloading, Loading and Storing
5. Creating Your Product Specific HACCP Plan
6. Product Traceability and Recall
7. Allergens, Food Additives and Foreign Matter

COMPONENT 2: COST SHARED FUNDING

Note: Quotes must be included for activities/items you wish to have funded

Activity	Rationale/Details/Explanation	Cost
Audit Fee Support		
General Food Safety Support		
Food Safety Program Development		

Facility Upgrades (please list each item separately)		
Item	Rationale/Details/Explanation	Cost

DECLARATION, AUTHORIZATION AND CONSENT

By submitting this application form, I acknowledge and agree with the following:

I have disclosed accurate, true and complete information to the program administration to date and I will continue to provide accurate, true and complete information which is not misleading.

that I have read the Program Guidelines and, if the application is approved in whole or in part, I agree to abide by the terms and conditions as set out in the Program Guidelines.

I consent to the audit and verification of the information at any time prior to project commencement, during work, or upon completion of the project. Such audit and verification may be performed by the Province of Nova Scotia, Perennia or other parties chosen by Perennia for audit and verification purposes.

I consent to the use and disclosure of the information by officials of Perennia, officials of programs offered by the Government of Canada or Province of Nova Scotia, and cooperating funding partners, where the information is relevant for the purposes of audit, analysis, evaluation, program development and determining program funding.

I agree to repay any amount determined through audit or inspection that is deemed to have been provided in excess of the program funding to which I am entitled.

I consent to the release of my name and the amount of any funding received under the Program as public information, which may be actively disseminated by Perennia or the Province of Nova Scotia.

I acknowledge that any other information provided, unless disclosed in the manner and for the purposes to which I have consented above, will be subject to the provisions of the Freedom of Information and Protection of Privacy Act (FOIPOP).

I consent to representatives of Perennia and/or the Province of Nova Scotia contacting me to discuss the results of the Program.

I consent to Perennia or the Province of Nova Scotia publishing the results of the Program with respect to the farm/business which may include the name, location, the amount received and details about the projects associated with this Program; and

I confirm that I have the authority to bind the applicant.

Applicant Name (print)

Applicant Signature

Date

Return completed application form and supporting documents (quotes and proof of eligibility) to:
supplierfoodsafety@perennia.ca (preferred method), or fax to 902-678-7266 or mail to:

Perennia Local Supplier Food Safety Support Pilot Program

28 Aberdeen Street
Kentville, NS B4N 2N1

If for some reason email, fax and mail are not possible please call 902-670-9572 to discuss other options.

