

SUPPLIER APPLICATION FORM

APPLICANT INFORMATION

Legal Name of Business:

Civic Address:

Town/City:

County:

Province: Nova Scotia

Mailing address if different:

Contact name and title:

Phone:

Email address:

Please complete:

Applicant is over 19 years of age Yes No

Last income statement or statement of financial position included Yes No

State your Nova Scotia Registry of Joint Stocks number

Do you have active operations in Nova Scotia Yes No

For farms, please provide Farm Registration Number

Are you a member of Nova Scotia Loyal Yes No

PROJECT INFORMATION

Please briefly describe your proposed project and explain how it is aimed at helping you secure a contract with a public institution.

Please provide a detailed timeline for your project, indicating key project milestones (For example, these could be purchases, activities, installation of equipment, product testing.) Please note that final claims are due by January 15, 2027.

Activity	Anticipated Completion Date

INSTITUTIONAL PROCUREMENT ACTIVITY OVERVIEW

Please complete the section that best describes your current situation, either as a supplier who is selling to institutions, or one who is seeking a first-time agreement with an institution.

Section 1: Already Selling to Institutions

1) If you currently have a food or beverage product in a public institution, please complete the following table.

Name of Institution	Product(s)	Sales Volume	Annual Contract Value

2) If you are having discussions with **new** institutions about securing a contract for new products related to this proposal, please complete the following table. **Note: all products pertaining to this program must contain at least 20% local ingredients to be eligible. By submitting the application, you are attesting that your products contain at least 20% local ingredients.**

Institution	Product	Product Volume	Estimated Contract Value	% of local food ingredients
Example: St. Martha’s Hospital	Beef	4,400 pounds	\$44,000	100

3) What food safety programs or certifications do you currently have in place? (example: CanadaGAP)

Please go to the **Project Budget and Timeline** section to complete your application.

Section 2: Not Yet Selling to Institutions

1) Please list institutions you have been in contact with regarding a potential contract and provide details in the following table. **Note: all products pertaining to this program must contain at least 20% local ingredients to be eligible. By submitting the application, you are attesting that your products contain at least 20% local ingredients.**

Institution	Product	Product Volume	Estimated Contract Value	% of local food ingredients

2) Where are you currently selling your products and for what length of time?

3) What food safety programs or certifications do you currently have in place? (example: CanadaGAP) **dedicated staff?**

Activity	Anticipated Completion Date

DECLARATION, AUTHORIZATION AND CONSENT

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

I have disclosed accurate, true, and complete information and I will continue to provide accurate, true, and complete information.

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 more than 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 Nova Scotia Department of Agriculture contacting me to discuss the results of the Program.

I consent to Perennia or the Nova Scotia Department of Agriculture publishing the results of the Program with respect to the farm which may include my name, my farm 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 (please print and sign unless you have a digital signature)

Date:

Return the completed application form and supporting documents to:

ideaprogram@perennia.ca (preferred method), or fax to 902-678-7266 or mail to:

Perennia Institutional Development Expansion and Advancement Program

28 Aberdeen Street
 Kentville, NS B4N 2N1

If for any reason email, fax and mail services are not available to you please call 902-670-9572 at least two business days before the deadline to discuss other options.