

PROJECT NUMBER (FOR OFFICIAL USE)

ATLANTIC FISHERIES FUND
APPLICATION FOR FINANCIAL ASSISTANCE
[Application Instructions](#)

A) APPLICANT PROFILE

1) APPLICANT INFORMATION:

FULL LEGAL NAME OF APPLICANT: (include all given names, if applicable)	<input type="text"/>
OPERATING NAME, IF DIFFERENT:	<input type="text"/>
FISHER IDENTIFICATION NUMBER (of all applicants, if applicable):	<input type="text"/>
CIVIC/STREET ADDRESS:	<input type="text"/>
MAILING AND COURIER ADDRESS:	<input type="text"/>
CITY/TOWN, PROVINCE, POSTAL CODE:	<input type="text"/>
BUSINESS NUMBER / HST NUMBER:	<input type="text"/>
WEBSITE ADDRESS:	<input type="text"/>
CURRENT NUMBER OF FULL TIME EMPLOYEES:	<input type="text"/>

2) PRIMARY CONTACT:

FULL LEGAL NAME:	<input type="text"/>
TITLE:	<input type="text"/>
TELEPHONE NUMBER (BUSINESS):	<input type="text"/>
OTHER/CELL NUMBER:	<input type="text"/>
FAX NUMBER:	<input type="text"/>
E-MAIL ADDRESS:	<input type="text"/>

IS THIS PERSON AN AUTHORIZED SIGNING OFFICER OF THE APPLICANT?
 For example, can they sign cheques or bank loan applications on the applicant's behalf?
 Yes No

3) PREFERRED LANGUAGE OF CORRESPONDENCE:

ENGLISH:	<input type="checkbox"/>
FRENCH:	<input type="checkbox"/>

4) TYPE OF ORGANIZATION:

<input type="checkbox"/> SOLE PROPRIETORSHIP:	<input type="checkbox"/> PARTNERSHIP:
<input type="checkbox"/> INCORPORATED BUSINESS:	<input type="checkbox"/> COOPERATIVE:

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<input type="checkbox"/> CROWN CORPORATION:	<input type="checkbox"/> NOT-FOR-PROFIT-ORGANIZATION:
<input type="checkbox"/> POST SECONDARY INSTITUTION:	<input type="checkbox"/> RESEARCH/INNOVATION ORGANIZATION:
<input type="checkbox"/> ACADEMIC:	<input type="checkbox"/> OTHER (SPECIFY): <input type="text"/>

BRIEFLY DESCRIBE THE ORGANIZATION'S PRINCIPAL ACTIVITIES (PRODUCTS AND/OR SERVICES PROVIDED):

5) SELF-DECLARATION APPLICANT PROFILE (Optional- for statistical and reporting purposes only)

PLEASE SELECT ONLY THOSE THAT APPLY TO THE APPLICANT(S), IF THEY IDENTIFY AS:

A WOMAN

AN ORGANIZATION THAT IS 51% OR MORE OWNED BY A WOMAN

AN INDIGENOUS PERSON

AN INDIGENOUS COMMUNITY OR GROUP

AN ORGANIZATION 51% OR MORE OWNED BY AN INDIGENOUS PERSON, COMMUNITY, OR GROUP

B) PROJECT INFORMATION

1) PHYSICAL LOCATION OF THE PROJECT:	<input type="text"/>		
2) PROJECT NAME:	<input type="text"/>		
3) BRIEFLY DESCRIBE THE PROJECT:	<input type="text"/>		
4) ESTIMATED TOTAL PROJECT COSTS:	<input type="text"/>		
5) AMOUNT REQUESTED FROM THE ATLANTIC FISHERIES FUND (AFF):	<input type="text"/>		
6) HAS THE APPLICANT RECEIVED ASSISTANCE FROM FISHERIES AND OCEANS CANADA (DFO) PREVIOUSLY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
7) HAS THE APPLICANT MADE ANY FINANCIAL OR LEGAL COMMITMENTS FOR THE PROJECT? <small>Please note that any costs incurred prior to approval of the project will not be eligible coverage by the program and may result in the withdrawal from the application process.</small>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
8) If 'No' was selected for Question 6 and 7, please skip to Question 9. IF 'YES' WAS SELECTED FOR EITHER QUESTION 6 OR 7, PLEASE PROVIDE DETAILS:	<input type="text"/>		
9) ESTIMATED START DATE OF PROJECT (YYYY/MM/DD):	<input type="text"/>		
10) ESTIMATED COMPLETION DATE (YYYY/MM/DD):	<input type="text"/>		
11) DESCRIBE WHERE BALANCE OF FUNDING WILL COME FROM (e.g. non-cash contributions, cash from operations, short-term loan, or line of credit):	<input type="text"/>		

C) OWNERSHIP (Section reserved for companies and partnerships. Other applicants, go directly to section D)

1) PROVIDE INFORMATION ABOUT THE PRINCIPAL OWNERS OF THE APPLICANT ENTITY

SURNAME	FULL, LEGAL GIVEN NAME(S)	PERCENTAGE OF OWNERSHIP	IS THE PERSON ACTIVE IN THE COMPANY?		IF YES, IN WHAT POSITION/ROLE?
			YES	NO	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

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			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

2) PROVIDE THE NAME(S) OF ANY PARENT COMPANY, SUBSIDIARIES AND OF ANY AFFILIATED OR RELATED BUSINESS ENTITIES.

NAME OF THE BUSINESS	CITY/TOWN	NATURE OF THE RELATIONSHIP	CONTACT PERSON	TELEPHONE NO.

D) GOVERNANCE AND MANAGEMENT

1) LIST THE DIRECTORS/MEMBERS OF THE BOARD AND THE KEY MANAGEMENT PERSONNEL OF THE APPLICANT.

SURNAME	FULL, LEGAL GIVEN NAME(S)	TITLE / POSITION	YEARS OF SERVICE	IS THE PERSON ACTIVE IN THE COMPANY?	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

2) PROVIDE THE NAMES OF PROFESSIONAL ADVISORS AFF MAY CONTACT TO INQUIRE ABOUT THE APPLICANT.

SERVICE PROVIDER	NAME	CITY/TOWN	CONTACT PERSON	TELEPHONE NO.
ACCOUNTANT				
LAWYER				
INSURANCE COMPANY				
CONSULTANT				
OTHER				

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3) PROVIDE THE NAME AND CONTACT INFORMATION OF THE BANK/FINANCIAL INSTITUTION AFF MAY CONTACT TO INQUIRE ABOUT THE APPLICANT.

INSTITUTION	CITY/TOWN	CONTACT PERSON	TELEPHONE NO.

E) IDENTIFICATION OF REQUIRED INFORMATION AND DOCUMENTS INCLUDED WITH THE APPLICATION

(Please check all those that are attached to this application – only one type of plan/proposal is required; not all three listed.)

COMMERCIAL APPLICANTS	YES	N/A
COMPLETE BUSINESS PLAN (SEE PROJECT PROPOSAL GUIDE)	<input type="checkbox"/>	<input type="checkbox"/>
INCORPORATION DOCUMENTS	<input type="checkbox"/>	<input type="checkbox"/>
FINANCIAL STATEMENTS (CURRENT AND LAST TWO YEARS)	<input type="checkbox"/>	<input type="checkbox"/>
FINANCIAL PROJECTIONS (THREE YEARS; only required for projects over \$100k)	<input type="checkbox"/>	<input type="checkbox"/>
RESEARCH AND DEVELOPMENT (R&D) PROJECT PLAN (SEE PROJECT PROPOSAL GUIDE)	<input type="checkbox"/>	<input type="checkbox"/>
SCIENCE PARTNERSHIP RESEARCH PROPOSAL (SEE PROJECT PROPOSAL GUIDE)	<input type="checkbox"/>	<input type="checkbox"/>
SUPPLIER QUOTES	<input type="checkbox"/>	<input type="checkbox"/>
COPIES OF RELEVANT PERMITS AND LICENCES (e.g. fishing licences or aquaculture permits)	<input type="checkbox"/>	<input type="checkbox"/>
OTHER RELEVANT DOCUMENT (SPECIFY):	<input type="checkbox"/>	<input type="checkbox"/>

FURTHER GUIDANCE ABOUT THE INFORMATION REQUIRED CAN BE FOUND ON OUR WEBSITE AT [HTTP://ATLANTICFISHERIESFUND.CA](http://atlanticfisheriesfund.ca)

NOT-FOR-PROFIT AND OTHER APPLICANTS	YES	N/A
COMPLETE BUSINESS PLAN (SEE PROJECT PROPOSAL GUIDE)	<input type="checkbox"/>	<input type="checkbox"/>
CONSTITUTING / INCORPORATING DOCUMENTS	<input type="checkbox"/>	<input type="checkbox"/>
FINANCIAL STATEMENTS (CURRENT AND LAST FISCAL YEAR)	<input type="checkbox"/>	<input type="checkbox"/>
HST REBATE INFORMATION (I.E. REBATE RATE)	<input type="checkbox"/>	<input type="checkbox"/>
RESEARCH AND DEVELOPMENT (R&D) PROJECT PLAN (SEE PROJECT PROPOSAL GUIDE)	<input type="checkbox"/>	<input type="checkbox"/>
SCIENCE PARTNERSHIP RESEARCH PROPOSAL (SEE PROJECT PROPOSAL GUIDE)	<input type="checkbox"/>	<input type="checkbox"/>
SUPPLIER QUOTES	<input type="checkbox"/>	<input type="checkbox"/>
COPIES OF RELEVANT PERMITS AND LICENCES	<input type="checkbox"/>	<input type="checkbox"/>
OTHER RELEVANT DOCUMENT (SPECIFY):	<input type="checkbox"/>	<input type="checkbox"/>

IMPORTANT NOTICE:

AFF may require further information about the applicant to fulfill requirements. AFF may also need to obtain consent to collect personal information from officials associated with the applicant. Failure to provide any requested information, may result in the automatic withdrawal of the application.

F) DISCLOSURES

	YES	NO
1) ENVIRONMENT		
ARE THE APPLICANT'S CURRENT OPERATING PRACTICES MEETING FEDERAL AND PROVINCIAL ENVIRONMENTAL LEGISLATION (laws, regulations, rules, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
WILL THE PROPOSED PROJECT MEET FEDERAL AND PROVINCIAL ENVIRONMENTAL LEGISLATION (laws, regulations, rules, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
2) DUTY TO CONSULT		
ARE THERE INDIGENOUS GROUPS OR COMMUNITIES IN OR NEAR THE PROJECT AREA?	<input type="checkbox"/>	<input type="checkbox"/>
COULD THE PROJECT POTENTIALLY IMPACT INDIGENOUS GROUPS OR COMMUNITIES?	<input type="checkbox"/>	<input type="checkbox"/>
3) LEGAL CONSIDERATIONS		
ARE THERE ANY FINES (PAID OR UNPAID) ON RECORD FOR THE APPLICANT (e.g. violations against the Fisheries Act)?	<input type="checkbox"/>	<input type="checkbox"/>
IS THE APPLICANT INVOLVED IN ANY RELEVANT LITIGATION, LEGAL ACTION, SUIT CLAIM PENDING OR UNDERWAY OR ANY OTHER PROCEEDINGS BEFORE ANY COURT, TRIBUNAL, GOVERNMENT BOARD OR AGENCY?	<input type="checkbox"/>	<input type="checkbox"/>
ARE THERE ANY JUDGEMENTS OUTSTANDING AGAINST THE APPLICANT?	<input type="checkbox"/>	<input type="checkbox"/>

Please note that answering 'Yes' to any of these questions, may result in the withdrawal of the application.

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4) MATERIAL CONTRACTS IS THE APPLICANT IN DEFAULT UNDER ANY CONTRACT OR ANY FINANCING ARRANGEMENT?	<input type="checkbox"/>	<input type="checkbox"/>
5) TAXES IS THE APPLICANT IN ARREARS IN THE PAYMENT OF ANY INCOME, BUSINESS OR PROPERTY TAXES, SALES TAXES, OR ANY OTHER FORM OF TAXES?	<input type="checkbox"/>	<input type="checkbox"/>
6) OTHER GOVERNMENT FUNDING HAS THE APPLICANT RECEIVED OR SOUGHT ANY OTHER GOVERNMENT (MUNICIPAL, PROVINCIAL, OR FEDERAL) FUNDING FOR THIS PROJECT?	<input type="checkbox"/>	<input type="checkbox"/>
7) CONFLICT OF INTEREST IS THE APPLICANT OR ANYONE AFFILIATED WITH THE PROJECT AN EMPLOYEE OF A FEDERAL DEPARTMENT OR AGENCY?	<input type="checkbox"/>	<input type="checkbox"/>
IS THE APPLICANT OR ANYONE AFFILIATED WITH THE PROJECT AN EMPLOYEE OF A PROVINCIAL DEPARTMENT OR AGENCY?	<input type="checkbox"/>	<input type="checkbox"/>

IF YOU ANSWERED "NO" TO QUESTION 1 OR "YES" TO ANY OTHER QUESTION, PLEASE PROVIDE DETAILS:

G) CONSENT AND CERTIFICATION

- The information you provide on this form and on all attached documents, as well as any other information collected by or on behalf of Fisheries and Oceans Canada (DFO) to process applications for contributions, is collected under the authority of the Financial Administration Act and subsection 4.4(1) of the Fisheries Act for the purpose of administering the Atlantic Fisheries Fund and determining funding approval. The information may be used for policy analysis, research and/or evaluation, promotion and communication purposes and disclosed to other DFO programs, other federal institutions, and provincial and territorial governments for the purpose of administering and auditing the program. **Failure to provide all the requested information may result in the application being rejected.** The information provided to DFO will be treated in accordance with the Access to Information Act and the Privacy Act and appropriate provincial and territorial legislation. You have the right to the correction of, access to, and protection of, your personal information under the Privacy Act and to file a complaint with the Privacy Commissioner of Canada over DFO's handling of your information. Personal information collected through the processing of your application is described in the Personal Information Bank for [Grant and Contribution Initiatives \(DFO PPU 047\)](#) and can be accessed and assessed for accuracy. For more information about the handling of your personal information, contact the DFO ATIP Secretariat.
- Projects for which an application for government funding is made are subject to an environmental screening and must comply with the environmental guidelines set out in the Impact Assessment Act 2019. A representative from Public Services and Procurement Canada (PSPC) may contact you to discuss the project.
- The names of successful applicants, the amount of funding approved and a description of the project are included in public records and disclosed on DFO's website in accordance with the government's proactive disclosure practices.
- DFO may contact any person listed in this application to inquire about the applicant.
- 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 of the project. Furthermore, I will promptly notify DFO if any of the information changes.
- I certify that financial assistance from DFO is a significant factor in the decision to proceed with this project.
- The applicant certifies that they have applied for or attained all of the required Federal and Provincial licenses/permits/leases, if required, for the proposed project.
- I authorize DFO to make any inquiries required, including obtaining corporate and business information about the applicant (e.g. background credit check), to assess this application.
- I authorize DFO 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 information.
- I consent to the use of the information for determining funding approval, policy analysis, research and/or evaluation, promotion and communication of DFO programs and the Atlantic Fisheries Fund.

I have read and understood the above Consent and Certification. I voluntarily consent to the collection, use and disclosure of information as described, make the certification as stated and authorize the actions indicated.

(Please keep a signed copy of this form for your records.)

SIGNATURE OF AUTHORIZED OFFICIAL:	SIGNED AT (LOCATION):
PRINT NAME AND TITLE OF AUTHORIZED OFFICIAL:	ON THIS _____ DAY OF _____, 20 _____

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CONTACT INFORMATION

Email: RegionalAFF-FPARegional@dfo-mpo.gc.ca

1-844-795-9718 Toll Free

Completed application forms, proposals in both paper and electronic copies (on a memory stick) and all supporting documents should be forwarded by mail or courier to :

Atlantic Fisheries Fund-Polaris-P430

PO Box 1006
1 Challenger Drive,
Dartmouth, NS
B2Y 4A2

Completed application forms, proposals, and all supporting documents may be accepted via email (address provided above); however, applicants do so at their own risk as email is not guaranteed to be a secure method of transmitting personal, protected information.

<http://atlanticfisheriesfund.ca>