Surplus Food Rescue Program

APPLICATION FORM

**Surplus Food Rescue Program**

**BEFORE YOU SUBMIT AN APPLICATION, YOU MUST READ THE APPLICANT GUIDE IN ITS ENTIRETY**

Interested in applying to SFRP? This self-assessment questionnaire will help you determine if you are eligible for SFRP funding from Agriculture and Agri-Food Canada (AAFC**). If you can answer “yes” to all of the following questions, you may complete and submit an application form for consideration.**

**Basic Eligibility Questionnaire**

1. Are you one of the following? **Yes No**
* Community or charitable organization
* Indigenous group
* Not-for-profit co-operative
* Regional and municipal governments and agencies
* For-profit organization (only if benefits accrue broadly)
1. Are you a legal entity capable of entering into a legally-binding agreement? **Yes** **No**
2. Can you demonstrate an ability to cost-effectively handle the full logistical requirements for acquiring, processing, transporting and ensuring shelf-life stability (frozen, dried or canned) of one or more surplus products? **Yes No**
3. Are you able to respond to the need for speed and timeliness in which the product can move through the supply chain to the end user? (Proposals that can move the product faster will be given priority.) **Yes No**
4. Are you able to partner with food banks or food serving agencies? **Yes No**
5. Are you able to provide creative measures to reduce costs, provide best options for surplus use, etc.? **Yes No**
6. Do you have the capacity and experience to work with others involved in the supply chain of a given commodity or commodities including those in processing, transportation, food banks, etc.? **Yes No**
\***\****Priority will be given to applicants who can get shelf-stable product to Northern communities, particularly remote, isolated and Indigenous communities.*

|  |  |  |
| --- | --- | --- |
| **Organization Type****(Check the appropriate box)** | *Not-for-profit* |  |
| *For-profit* |  |
| *Community / Charitable Organization* |  |
| *Indigenous Group*  |  |
| *Cooperative* |  |
| *Regional and municipal governments and agencies* |  |
| **Organization Identification** | *Legal Name of Organization:* |
| *Operating As (if used):* |
| *Organization’s website:* |
| **Primary Contact** | *First Name:*  | *Last Name:* |
| *Email address:* |
| *Primary Phone (10 digits) Ext.:*  |
| *Alternate phone (10 digits) Ext.:*  |
| *Language of Correspondence: English or French* |
| **Mailing Address** | *Street Number and Street Name:* |
| *City:* |
| *Province/Territory:* |
| *Postal Code (format A9A 9A9):* |
| **Project Title**  |  |
| **Organizational Capacity** | *Describe your organization, including but not limited to, your mandate, when your organization was established, the services you provide,* *Describe your organization’s governance structure, including the processes and methodologies used to make purchase and allocation decisions.* *Please describe your organization’s experience and capacity to handle food from purchase to distribution (alone or with partners) and your ability to handle more than one commodity (if more than one commodity has been identified for this project).**As partners must be involved with this project, please include a brief description of these organizations as well (processing; transportation; food service agencies).*  |
| **Project Delivery Plan** | *Please provide a detailed scenario describing how this funding will support efforts to access surplus foods, address food insecurity, and reducing food waste.* *a) Describe the* ***volume*** *of the specific commodity to be purchased, and indicate where the surplus will be purchased from.* *b) Indicate the* ***value*** *of the specific commodity to be purchased (\*note this must be wholesale costs).**c) Explain how and where the commodity will* be***processed*** *into a shelf-stable format, including estimated costs; (if relevant)**d) Describe how and where the commodity will be* ***distributed*** *once processed. Include information on transportation costs, where and how the commodity will be stored once processed, and who it will it serve if this information is available.* *(\*note, partnership with a food serving agency is required for this stage)**e) Provide a* ***timeline*** *to demonstrate the speed in which the product can move through the supply chain to the end user along with any risks and mitigation measures to address those risks.* |
| **Total Eligible Costs** Separate Spreadsheet; Schedule A | *Identify the amount of Total Eligible Costs to be incurred. In Schedule A, enter the amount to be attributed to each phase of the project as it progresses through the food supply chain (include farmer/processor compensated for surplus).**AAFC will calculate the administrative costs (maximum 10%) on the amount of funding requested and the amount of the Recipient’s contribution. Both will be considered in the calculation of cost-sharing ratio (AAFC and Recipient).* |
| **Matching Funds**Separate Spreadsheet;Schedule A | *Identify the value of your Recipient contribution, cash or in-kind, which will be used towards Total Eligible Costs.*  |
| **Requested AAFC Funding**Separate Spreadsheet;Schedule A | *Of the Total Eligible Costs identified in Schedule A, indicate the amount requested from AAFC.*  |

 **Unpaid Debts to the Government of Canada**

The recipient of AAFC funds must declare any amounts owing to the Government of Canada. Any amounts due to the recipient under AAFC programs may be set off against any such amounts owing to the Government of Canada under any agreement or any legislation with the Government of Canada.

Do you have any amounts owing to the Government of Canada? **Yes or No**

**Lobbying Activities**

The applicant must ensure that a person lobbying on behalf of the applicant is registered and in compliance with the *Lobbying Act*.

More information on the obligations in the *Lobbying Act* can be found on the website of the Commissioner of Lobbying of Canada.

Are there any paid lobbyists working on your behalf? **Yes or No**

**Conflicts of Interest**

Current or former public servants or public office holders are required to avoid conflict of interest situations while employed by the federal government, and for a period of time following their service. The Applicant acknowledges that any individuals who are subject to the provisions of the *Conflict of Interest Act,* the *Values and Ethics Code for the Public Sector*, the *Conflict of Interest Code for Members of the House of Commons*, any applicable federal values and ethics code or any applicable federal policy on conflict of interest and post-employment shall not derive any direct benefit resulting from this application unless the provision or receipt of such benefit is permitted in such legislation, policy or codes.

**Consent for Use, Disclosure and Copyright**

I acknowledge that by submitting this Program Application Form I agree to the following:

**Use and/or Disclosure**

The personal and/or business information in this application is being collected under the authority of the *Department of Agriculture and Agri-Food Act* and may be used by AAFC, or disclosed to third parties including other Government Departments, to:

* assess and review the eligibility of the Applicant and the Project under the applicable AAFC program;
* verify the accuracy of the information provided in the Application Form and additional documents;
* determine eligibility for other AAFC, Government of Canada or provincial programs from which the Applicant might benefit; and
* evaluate the scope, direction and effectiveness of agricultural programming and research in Canada.

The Applicant consents that the information may also be used for the purposes of: contacting you should additional information be required; validating your credentials; facilitating payment of the contribution in the event your application is successful; program administration; and evaluation, reporting, and statistical analysis.

Personal information will be treated and disclosed in accordance with the *Privacy Act*. You have the right to access your personal information held by Agriculture and Agri-Food Canada and to request changes to incorrect personal information by contacting the AAFC Access to Information and Privacy Director at aafc.atipaiprp.aac@canada.ca.

Information on the *Privacy Act* and the *Access to Information Act* is available at the following website: http://laws.justice.gc.ca. For further information about these

Acts please contact the Access to Information and Privacy Director at aafc.atip-aiprp.aac@canada.ca.

**Copyright permission**

AAFC may disclose, reproduce and distribute any part of or the whole of the documentation provided in or with this Application Form, within AAFC and with its authorized third parties, including other Government Departments, for purposes consistent with the receipt, assessment and subsequent treatment of the Application.

**Reporting**

Recipients will be required to report on expenditures and results achieved at each milestone:

• Once food has been purchased

• Once food has been processed

• Once food has been transported to food service organizations

• Where donated food has been distributed (target for northern communities)

• Final report to provide results and performance

Following project completion: Recipients will be required to complete a detailed final performance report in order to assess the impacts of funding. Final performance reporting will be based on the performance measurement table attached as Schedule B.

**Signature**

The submission of this Project Application Form by the Applicant creates no obligation on the part of Agriculture and Agri-Food Canada to provide funding for the Applicant's Project proposed therein.

I declare that the information provided in or with this Project Application Form is, to the best of my knowledge, true, complete and accurate. I have completed and attached the Representative Form.

The representative must be duly authorized to submit this Project Application Form on the Applicant's behalf.

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_