

File Number \_\_\_\_\_

Date Received \_\_\_\_\_



## On-Farm Value-Added Program Application Value-Added Program Application

The personal information being collected through the On-Farm Value Added Program/Value-Added Program Application Form is for the Sustainable Canadian Agricultural Partnership On-Farm Value Added Program/Value-Added Program and is used to administer and evaluate the program. This collection is authorized by section 4(c) of the *Protection of Privacy Act*.

For questions about the collection of personal information contact S-CAP.Alberta@gov.ab.ca.

The personal information collected will be disclosed to the Federal Government.

### Part A: Applicant Information

Applicant Type      Primary Producer      Food Processor      Bio-Industrial Processor      Contract Packager/Manufacturer

Legal Name of Business (full incorporated name as registered with Alberta Corporate Registry – Trade Names are not eligible):

Name of Primary Contact

Title



Business Mailing Address

City or Town

Province

Postal Code





Business Location (if different from above)

City or Town

Province

Postal Code





Primary Phone

Alternate Phone

Email Address




Project Location in Alberta (if address is different from above)

### Authorized Signing Authorities:

I/We have signing authority for the Applicant.

First Name

Last Name

Email Address




First Name

Last Name

Email Address




Did a third-party consultant assist in completing this application?

☐ Yes

☐ No

Part B: Business & Project Details

Project Title

Anticipated Project Start Date mm-dd-yyyy  
(Must be after January 1, 2025)

Anticipated Project End Date mm-dd-yyyy  
(No Later than March 15, 2026)

What Program is the Applicant applying for:

- ☐ On-Farm Value-Added Program (OFVAP)
- ☐ Value-Added Program (VAP)

Program Streams:

- ☐ Stream A (max \$50,000 grant funds)
- ☐ Stream B (max \$250,000 grant funds)

Business Description:

Provide an overview of the business.

Describe the products currently produced by the Applicant and explain the transformations the agricultural products go through to create a Value-Added Product.

Project Details

Describe the specific project details, expected outcomes and deliverables. Explain changes in current processes, equipment, or resources required to support this growth. Include details on any new products to be developed and marketed.

Provide details on how this project will contribute to the overall growth and development of the market or subsector, including upstream or downstream advantages.

Provide an assessment of the Applicant's overall readiness to execute the project. Specifically, how prepared are you in terms of market research, financial resources, operational infrastructure, necessary experience and skills. Are there gaps or challenges to address?

Does the Applicant provide contract packing/manufacturing services as a part of their business?

☐ Yes ☐ No

Does the Applicant own and produce its own value-added products in addition to contract packing/manufacturing services?

☐ Yes ☐ No

Will the Applicant provide contract packing/manufacturing services as a result of this project?

☐ Yes ☐ No

Part C: Project Cost Summary

Please complete the following tables on this form. You are limited to 15 capital expense line items and 15 non-capital expense line items. If your project exceeds these amounts, please group like expenses together.

Refer to the relevant Funding List for examples of eligible capital expenses.  
[Value-Added Program](#) OR [On-Farm Value-Added Program](#)

Capital Expenses:

Activity	Requested Capital Expenses Expense lines over \$10,000 without quotes and/or invoices will be deemed ineligible	100% of Expense Amount (less GST)


Total Capital Expenditure

Capital Grant Request = 25%

Non-Capital Expenses

The Sustainable CAP Travel Expense Policy contains the eligible travel expenses.

Activity	Requested Non-Capital Expenses Expense lines over \$10,000 without quotes and/or invoices will be deemed ineligible	100% of Expense Amount (less GST)

Total Non-Capital Expenditure

Non-Capital Grant Request (cannot exceed \$50,000 total) = 50%

Total Capital & Non-Capital Expenditure

Total Capital & Non-Capital Grant Request

**Part D: Total Sources of Investment**

Project Investment	Details e.g. financing: cash from operations, loan, other grants, credit line etc.	Status of Funds (Secured or Pending)	Amount of Funds
Applicant's contribution			+
<b>Other</b> provincial or federal funding			+
Financing			+
The above 3 lines must equal the " <b>Total Capital &amp; Non-Capital Expenditure</b> " as calculated in Part C above. <b>(The above 3 lines should NOT include the Sustainable CAP Grant Request)</b>			=
Additional expenses related to the completion of the project (e.g. installation, construction, project management)			+
<b>Total Investment Related to the Project</b>			=

**Part E: Anticipated Business Impacts AS A DIRECT RESULT of the project:****E-1 Distribution Methods:**

Which distribution methods does the Applicant currently utilize? Check all that apply

Wholesale distributors      Retail Stores      Food service or restaurant      Online sales      Other

Please provide a brief overview of the Applicants existing distribution methods, including details on any new distribution methods that will be implemented as a result of this project.

**E-2: Existing and Planned Market Expansion:**

Provide an estimated breakdown, rounded to the nearest percent, of the Applicant's existing vs planned market expansion after the completion of this project.

Market Area	Current Sales (%)	Main Location(s) (geographical)	Projected Sales (%)	New Location(s)
Alberta				
Other Provinces & territories				
United States				
International (excluding US)				
Other				
<b>Total</b>	<b>100%</b>		<b>100%</b>	

Describe the Applicant's market entry or expansion plans as defined in above table. Include the expansion size, anticipated impact on sales, level of complexity and any relevant previous experience.

### E-3: New Products:

Anticipated number of NEW products/SKU developed as a direct result of this project.

Anticipated number of new products/SKU introduced to market as a direct result of this project.

### E-4: Job Creation: *(including new permanent full-time and/or part-time jobs, but not including construction, temporary or contract positions.)*

Total jobs associated with this project	Annual Salaries Under \$50,000	Annual Salaries \$50,000 to \$100,000	Annual Salaries \$100,000 +
Current Jobs			
Anticipated (created)			
How were the number of permanent jobs calculated?			

### E-5 Business sales growth per annum (\$) as a direct result of the project:

When is the Applicant's fiscal year end?

**Previous Fiscal Year Gross Sales** (from the Applicant's completed financial statements)

**Projected Sales for Your Upcoming Fiscal Year** (the Applicant's 12-month fiscal period assuming project completed)

Describe how the projected sales were calculated. Include any assumptions made about reaching full production and project completion.

### For Primary Producer applicants only

**Annual Commercial Agricultural Production \$**

### E-6: Production Capacity Increase:

What is the Applicant's standard of measurement? Unit, weight, volume?

Detail the estimated monthly capacity increase in your unit of measure:

Products	Current Monthly Production	Target Monthly Production	Max Monthly Production Capability
Production of Current Products:			
Production of New Products:			
Total units (current plus new)			
What method was used to calculate the increase?			

### Additional Information:

Does the Applicant consent to the disclosure of their name, phone number, email and business description to any of the following:

- |   |                           |                          |
|---|---------------------------|--------------------------|
| Would the Applicant like to be put in contact with the <a href="#">Alberta Food Centre</a> ?                  | <input type="radio"/> Yes | <input type="radio"/> No |
| Would the Applicant like to be put in contact with the <a href="#">Bio-Industrial Opportunities Section</a> ? | <input type="radio"/> Yes | <input type="radio"/> No |
| Would the Applicant like to be put in contact with an <a href="#">Investment Officer</a> ?                    | <input type="radio"/> Yes | <input type="radio"/> No |
| Would the Applicant like to be put in contact with an <a href="#">Export Officer</a> ?                        | <input type="radio"/> Yes | <input type="radio"/> No |

for the purposes of contacting the Applicant for their business opportunities offered by the unit?

Does the Applicant agree to allow its application to be transferred to another Alberta Sustainable CAP program to be evaluated for eligibility if this application is INELIGIBLE for OFVAP/VAP? ☐ Yes ☐ No

## Part F: Certification

### NOTE: Read this Carefully Before Signing

Statement of Certification:

I, \_\_\_\_\_ certify that:

**Legal name of applicant or authorized representative of applicant**

- I am authorized to complete this application to the On-Farm Value-Added Program or the Value-Added Program, as the case may be, (the "Program") on behalf of the Applicant;
- The Applicant understands the terms in the applicable Program Terms and Conditions and Funding List, and agrees to the terms within them;
- The Applicant understands that if the Application is accepted for grant funding, the terms of the Grant will be set out in an Approval Letter (if the Grant is \$50,000 or less) or a long-form Grant Agreement (if the Grant is over \$50,000);
- The Applicant understands that not all of the activities and expenses included in this Application may be approved as being eligible for funding, and that the Approval Letter or long-form Grant Agreement will list the activities and expenses that the Grant may be used for;
- The Applicant understands that funding for the Program is limited and is reimbursement based;
- The Applicant understands that applications under the Program will be considered on a case-by-case basis, subject to Program eligibility criteria, assessment criteria and funding constraints;

**AND I certify that the information provided in this application is, to the best of my knowledge, true, complete and correct.**

\_\_\_\_\_  
Date mm-dd-yyyy

\_\_\_\_\_  
Signature of Authorized Representative of Applicant: **(original signatures only)**

### IMPORTANT REMINDERS:

- ☐ Complete all sections/questions.
- ☐ Include all quotes and/or invoices for all requested line items over \$10,000.
- ☐ Include any other supporting documents (financial statements, proof of applicant contribution or other funding, business plan, letters of support to justify market demand, market studies, etc.) that will be used to assess the merits of the application.
- ☐ Sign and date the Statement of Certification (electronic/digital signatures are not acceptable).

When complete, **email OR mail to:**

[S-CAP.ValueAddedPrograms@gov.ab.ca](mailto:S-CAP.ValueAddedPrograms@gov.ab.ca)

Value-Added Program  
#301, 7000-113 Street  
Edmonton, Alberta T6H 5T6

**Only applications received through this email / address will be considered for funding.**