**Inverness South Fishermen’s Association**

**APPLICATION FORM**

**Lobster Quality Improvement Project 2020-2023**

Send completed application and claim forms to: 823 Mabou Harbour Rd.

Mabou, NS

B0E 1X0

Please call 902-945-2459 if you have questions or require assistance.

|  |
| --- |
| **APPLICANT INFORMATION** |

Full Name (include middle name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Operating Name (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HST Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Civic Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone / Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **VESSEL INFORMATION** |

Vessel Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vessel Registration Number (VRN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lobster Fishing Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Port: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **LICENCING INFORMATION** |

Fisher Identification Number (FIN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lobster License Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **PROJECT INFORMATION** |

Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this project best described as (check one):

\_\_\_\_ Retrofit of an existing fishing vessel

\_\_\_\_ Outfitting of a new fishing vessel

If retrofit, describe the current process used to hold live lobster onboard your vessel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have pre-existing system or device to measure water quality onboard your vessel?

\_\_\_\_ Yes

\_\_\_\_ No

If yes, please provide proof of the system or device through documentation, picture etc.

Have you started the project?

\_\_\_\_ Yes \_\_\_\_ No

If yes, provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated End Date of the Project (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **PROJECT ACTIVITIES** |

|  |  |  |
| --- | --- | --- |
| **Project** | | |
| Description | Quantity | Estimated Cost |
| Insulated Seafood Tubs |  |  |
| Dedicated Water Pumps  (60 GPM Rating) |  |  |
| Hoses and fittings |  |  |
| Water Quality Monitor |  |  |
| Ice Tub(s) |  |  |
| Lobster Bander |  |  |
| Lobster Boom |  |  |
| Canopy |  |  |
| Total | |  |
|  | |  |
|  | |  |

Notes:

1. All work must be undertaken by a qualified installer.

2. Water quality monitoring equipment is a mandatory component for live well projects and can be a system or handheld device that can measure the following minimum parameters: dissolved oxygen and / or ammonia plus temperature.

3. If you already have the equipment & technology to monitor water quality, please provide proof through documentation, pictures etc.

4. Provide copy of quotes, invoices etc. with your application.

5. Quotes and invoices from boat shops, installers etc. must be itemized and clearly delineate government taxes (e.g. HST) and any applicable fees (e.g. environmental handling fee).

|  |
| --- |
| **PROJECT FINANCING** |

Do you have the balance of financing in place for your project? This can be in the form of cash, line of credit, or loan.

\_\_\_\_ Yes \_\_\_\_ No

If yes, provide copy of a bank confirmation letter confirming the availability of working capital or the existence of a loan or a line of credit that has been extended.

Is this project being supported in full or in part through a loan from the Nova Scotia Fisheries and Aquaculture Loan Board?

\_\_\_\_ Yes \_\_\_\_ No

|  |
| --- |
| **DISCLOSURES** |

Are you involved in any relevant legal action before a court, tribunal, government board or agency? Including fines, charges suspensions or conviction under the Fisheries Act?

\_\_\_\_ Yes

\_\_\_\_ No

If you answered ‘yes’, provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you behind in the payment of any taxes such as income, business, property or sales taxes?

\_\_\_\_ Yes

\_\_\_\_ No

If you answered ‘yes’, a formal declaration form will be provided to you to submit directly to federal government personnel for review and consideration of eligibility.

|  |
| --- |
| **CONSENT AND CERTIFICATION** |

I understand that the detailed information provided on this application form and all supporting documents are being collected to support the vetting of applications for funding eligibility by the Association’s Project Review Committee which includes ex-officio representation from both Fisheries and Oceans Canada and the Nova Scotia Department of Fisheries and Aquaculture.

I understand that representatives from Fisheries and Oceans Canada and the Nova Scotia Department of Fisheries and Aquaculture may contact me directly for further information.

I acknowledge that completing this application form and receiving advice from the Inverness South Fishermen’s Association (the Association) does not oblige the Association or other delivery agents to provide funding.

I understand that equipment and material expenses incurred prior to February 24th, 2020 are not eligible for assistance under this program.

I acknowledge that the names of successful applicants, the amount of funding approved, and a description of the project may be included in public records and disclosed on government websites in accordance with the government’s proactive disclosure practices.

I certify that the information provided is to the best of my knowledge and ability, complete, true and accurate.

I understand that failing to comply with all application requirements may delay the processing of the application and/or render me ineligible for receiving assistance under the program.

I consent to the use of the information for determining funding approval, policy analysis, research and/or evaluation, promotion and communication of relevant government programs.

|  |
| --- |
| Print Name: |
| Signature: |
| Date (MM/DD/YYYY): |

|  |  |
| --- | --- |
| DOCUMENT CHECKLIST | |
| --- Send the following documents with your application --- | |
|  | Application Form – completed, signed, and dated |
|  | Copies of relevant quotes, invoices |
|  | Letter from financial institution confirming balance of financing for the project |
|  | Other Relevant Document (Specify): |

|  |
| --- |
| For Office Use Only |
| Date Application Received: |