

ALBERTA - Farm Health and Safety Producer Grant Program (2018-2021)

- There is limited funding available under the Farm Health and Safety Producer Grant Program each fiscal year.
- Grant Application Forms will be considered for approval on a first-come, first-served basis due to Program funding constraints.
- **Incomplete Applications will be sent back to the Applicant.**
- Submission of a completed Grant Application Form to Agriculture and Forestry (AF) **does not guarantee** that the Applicant will receive payment under this Program.

If you registered as an Individual , complete this section.	Last Name _____	First Name and Initial(s) _____	Social Insurance Number (SIN) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>								
If you registered as a Corporate Entity , complete this section.	Legal Name of the Corporate Entity _____	Business Number (BN) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>									
If you registered as a Non-Profit Organization , complete this section.	Legal Name of the Non-Profit Organization _____	Business Number (BN) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>									

WCB Account # _____	WCB Rate Group: ___012100 ___014100 ___016100 ___018100
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Number of Employees: ___ 1 to 4 ___ 5 to 19 ___ 20 to 49 ___ 50+
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Mailing Address _____	City/Town _____	Province _____	Postal Code _____
Daytime Telephone Number (____) _____ - _____	Cell Number (____) _____ - _____	Email Address _____	

Include copies of the invoices/receipts pertaining to all eligible activities identified in the Application. Actual payment will be based on available funding and invoices/receipts submitted, as per the Alberta Farm Health and Safety Producer Grant Program Terms and Conditions and Funding List.

Have you previously submitted a Grant Application Form for the Farm Health and Safety Producer Grant Program?

Yes No

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Eligible Activities				
Education and Training	Description/Use/Plan	Eligible Yes	Eligible No	Total Eligible Expenses
First Aid				
Fall Protection				
Confined Spaces				
WHMIS				
Forklift/Heavy Equipment				
Health and Safety Basics				
Joint worksite Health and Safety Committee/Health and Safety Representative				
Workplace Harassment and Violence				
Occupational Health and Safety Certificate Courses (i.e. NAIT, U of A, SAIT, etc.)				
Health and Safety Equipment		Description/Use/Plan		
Fall Protection Equipment				
Respirators				
First Aid				
Eye Safety				
Fire Protection				
Welding Safety				
Guarding for existing Equipment				
Noise Exposure				
Eye Protection				
Personal Protective Clothing				
Warning Signage				
Health and Safety Consultant/Contractor Service		Description/Use/Plan		
Elements of a Health and Safety Program				
COR (Certificate of Recognition) or SECOR (Small Employer Certificate or recognition)				
Occupational Hygienist Services				
Professional Engineer, Service Provider or Competent person				
Grand Total Eligible Expenses for Eligible Activities				

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Submission Timeline: To be considered for funding under the **ALBERTA - Farm Health and Safety Producer Grant Program**, the Grant Application Form should be received by Alberta Agriculture and Forestry at the following address **by the date stated on the Program website**.

Submission Methods: Applications must be delivered, by mail or personal delivery, to:

**Alberta Agriculture and Forestry
Program Delivery Section
Farm Health and Safety Producer Grant Program
#301 – 7000-113 Street NW
Edmonton, Alberta T6H 5T6**

Or by email to FarmSafetyProducerGrant@gov.ab.ca. Applications delivered by email must be PDF scans of signed originals; electronic signatures are not acceptable.

Statement of Certification:

I, _____ **certify the following:**
Print Name

- I am the applicant or authorized to complete this grant application form on behalf of the applicant;
- I understand and agree to the Farm Health and Safety Producer Grant Program ("Program") Terms and Conditions;
- I make all of the representations and warranties stated in section 16.1 of the Program Terms and Conditions;
- I understand that if this grant application form is accepted, any grant I received under the Program shall be governed by this Statement of Certification, the Program Terms and Conditions, and the Agriculture and Rural Development Grant Regulation;
- I understand that funding for the Program is limited;
- I understand that applications under the Program will be processed on a first-come, first-served basis, which can determine payment;

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

LEGAL NAME OF APPLICANT (please print): _____

SIGNATURE: _____ **DATE:** _____

The personal information that you provide on this form and any attachments will be used for the purpose of administering the Alberta Farm Health and Safety Producer Grant Program. Your personal information is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act and is protected by the privacy provisions of the Act. If you have any questions about the collection, use or disclosure of your personal information, please contact the Program Delivery Supervisor at: 7000 113 St NW, Edmonton, AB, T6H 5T6; tel. (780) 422-9167; toll free dial 310-0000.

Appendix A

ALBERTA - Farm Health and Safety Producer Grant Program Worksheet

Please complete the following worksheet to list the number of invoices/receipts, additional required documents provided for the activities listed on your Grant Application Form. The information collected on this worksheet will aid the Program Delivery Section in the processing of your Grant Application Form.

1	Invoice Name	Invoice Number	Invoice Date (YY / MM / DD)			Eligible Activity Reference (Project type, Location)	Total Eligible Expenses
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

Application Checklist

Indicate if any of the following additional completed documents have been submitted with this Application form. Incomplete Applications will be sent back to the Applicant.

- Copies of Invoices and Proof of Payment (Originals will not be returned)
- Copy of WCB Clearance Letter
- Application is signed

The projects must meet the requirements of the Alberta Farm Health and Safety Producer Grant Program Terms and Conditions. **Incomplete Applications will be sent back to the Applicant.**