

## NOTICE – BEFORE YOU START

Please be advised of the following regarding this Application Form:

- Use the link on the [Initiative webpage](#) to download the latest Guidelines (PDF) for details and definitions of any capitalized terms found in this Application Form.
- To avoid delays in your Application Form being processed, the Application Form **must** be filled out using Adobe Acrobat Reader. Application Forms that are submitted without using Adobe Acrobat Reader will take longer to process and may be required to resubmitted using Adobe Acrobat Reader.

Applicants should register or be up to date with Transfer Payment Ontario. To register with, or update information previously submitted to:

- Transfer Payment Ontario, visit [Transfer Payment Ontario](#).

If you are the Applicant or are authorized to represent the Applicant, you can register and update the information referred to above. This is required in order for Recipients to receive Initiative Payments from the Ministry.

## COMPLETING THIS APPLICATION FORM

To complete this Application Form, please follow these steps:

1. Download a free version of Adobe Acrobat Reader if you do not already have it installed on your computer. To receive a free version of Adobe Acrobat Reader, click on [Adobe Acrobat Reader](#).
2. Save this Application Form to your computer **before** you begin filling it out.
  - File > Save As > [give the file a name] > Save
  - Do **not** fill out this Application Form in your internet browser window.
3. Open the file from your computer.
  - Make sure the file is opening in Adobe Acrobat Reader.
  - You can work on completing this Application Form at any time. Remember to save your file along the way.
  - Once the Application Form is complete, save the file.
4. Email the completed PDF Application Form as an attachment to [SustainableCAP1@ontario.ca](mailto:SustainableCAP1@ontario.ca).
  - **Do not** send the Application Form or any supporting information using the Adobe Cloud.

# I. APPLICANT'S BUSINESS/ORGANIZATION INFORMATION

## 1. Business/Organization Name and Contact

Operating Name of Business/Organization (Name under which the business/organization operates)

Legal Name of Business/Organization (Name under which business/organization is registered)

Same as Operating Name or:

### Business/Organization Mailing Information

Address

City/Town

Municipality

Province

Postal Code

Website Address (e.g., www.ontario.ca)

### Business/Organization Primary Contact for Project

First Name

Last Name

Job Title

Email Address

Phone Number (e.g. ###-###-####)

### Signatory for the Business/Organization

Same as Business/Organization Primary Contact above or:

First Name

Last Name

Job Title

Email Address

Phone Number (e.g. ###-###-####)

## 2. Business Number – Canada Revenue Agency Business Number

The Business Number is a 9-digit business identifier used in Canada by which applicants can register program accounts with the [Canada Revenue Agency \(CRA\)](#). The program account number consists of three parts: The Business Number, the two letter program identifier, and the four digit reference number.

RC	0	0	0	
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OR

I confirm I do not have a CRA Number

## 3. Gross Business/Organization Revenue

Under \$10,000	\$10,000 - \$24,999	\$25,000 - \$49,999	\$50,000 - \$99,999
\$100,000 - \$249,999	\$250,000 - \$499,999	\$500,000 - \$999,999	\$1M - \$1.99M
\$2M - \$4.99M	\$5M - \$9.99M	\$10M - \$49.99M	\$50M - \$99.99M
\$100M - \$199M	\$200M and over		

## 4. Number of Current Employees at the Business/Organization

- a) Number of **Full-time Employees** (30 hours or more/week):
- b) Number of **Part-time Employees** (less than 30 hours/week):
- c) Number of **Temporary/Seasonal Employees**:

## II. PROJECT INFORMATION

### SECTION A: PROJECT TITLE AND LOCATION

#### 5. Project Title (100 characters maximum)

#### 6. Project Location

Same as Organization Mailing address or:

Address

City/Town

Municipality

Province

Postal Code

## **SECTION B: PROJECT DETAILS**

**7. Project Summary** – Provide a brief one-to-two sentence summary of the Project.  
(300 characters maximum)

**8. Select the activity/activities that will be completed as part of the Project.**  
(Check all that apply - see Guidelines: Eligible And Ineligible Activities for more details)

New cybersecurity assessments and audits

Software enhancements based on the findings of a recent cybersecurity assessment/audit

Training for staff aimed at improving competency in managing cybersecurity risks and related emergency situations

Incident response planning and testing

## **SECTION C – WORK PLAN AND PROJECT COSTS**

**9. Project Timeline (MM/DD/YYYY)**

Project Start Date

Project End Date

(No later than 07/31/2025)

**10. Eligible Project Cost** – List each Eligible Cost item (in Canadian dollars) based on written quotes, see NOTE below. Only Eligible Costs as per the Initiative Guidelines will be considered. Eligible costs must be incurred within the eligible time frame. (See Guidelines: Eligible Costs Under The Initiative for more details).

Eligible Cost Category*	Description of the Eligible Cost and how it will be used (250 characters maximum)	Total Cost (A)	Refundable Tax** (B)	Net Cost (C=A-B)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

\* Eligible Cost Category: Software and Licenses, Third-party Services

\*\* The portion of tax for which the Recipient has received, will receive or is eligible to receive, a rebate, credit or refund.

Note: Applicants must provide written quotes from any third party providing a good, service or both to the Applicant with the following exception. For Eligible Costs that are dependent upon the conclusion and findings of the cybersecurity assessments/audits within this Project, provide third-party written quotes where possible.

Line D: Total Eligible Costs (Sum of Net Cost from Column C above)	
Line E: Per Cent Cost-Share (50 per cent)	%
Line F: Calculated Cost-Share Funding (Line D x Line E) up to \$50,000	

**11. Eligible Costs for the Project by Fiscal Year** – Complete the following table indicating when eligible costs listed in Question 10 will be incurred. Fiscal Year runs from April 1 to March 31 (e.g., Fiscal Year 2025/2026 means April 1, 2025 to March 31, 2026)

	Description of Eligible Cost (From Question 10)	Net Cost (C) (From Question 10)	Fiscal Year* in 2024/25 (G)	Fiscal Year* in 2025/26 (H)	Warning Message
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
	Total				

\* Columns G and H reflect the breakdown of net costs from Column C ( $G + H = C$ ) by fiscal year.

**12. Sources of Funding for this Project** – Identify contributions that are necessary for the completion of the Project.

<b>Sources of Funds</b>	<b>Amount</b>
Cost-Share Funding Requested (Line F from Eligible Cost Table)	
Applicant's Eligible Contribution (Line D minus Line F from Eligible Project Cost Table)	
Applicant's Additional Contribution toward total Project value	
Other*	

Total Project Value (Eligible and ineligible costs contribution)

\* Please provide details (e.g., federal/provincial program, etc.).

**SECTION D - FINAL CHECK BEFORE SUBMITTING APPLICATION FORM** (See Guidelines: Applying to the Initiative for more details)

A **completed** Application Form (Mandatory).

Written quotes from a third party providing a good, service or both to the Applicant (mandatory except for following). For Eligible Costs that are dependent upon the conclusion and findings of the cybersecurity assessments/audits within the Project, provide third-party written quotes where possible.

To be eligible to receive an Initiative Payment, a Recipient must:

- be registered with, or update information previously submitted to [Transfer Payment Ontario](#)

### III. DEMOGRAPHIC QUESTIONS (VOLUNTARY)

Providing answers to the following questions is voluntary. Applicants will still be eligible to participate in the Initiative should they decline to provide this information. The responses to the questions will have no impact on the assessment of an Applicant's Application Form. Where Applicants provide this information including of others, such as members of their Board of Directors, they are acknowledging that there is consent to share the information with Canada and use it for the purpose set out in **IV. Notice of Collection of Personal Information**.

**A. Does the Board of Directors of your organization have a diverse composition with significant representation (30% or more) from one or more of the following groups? (Select all that apply)**

Individuals that identify as being an Indigenous Person: First Nations

Individuals that identify as being an Indigenous Person: Métis

Individuals that identify as being an Indigenous Person: Inuit

Individuals that identify as being an Indigenous Person: Unknown/Other

Women: refers to all people, including trans people, who identify as a woman.

Youth: 40 years old and younger

Not applicable

Decline to identify

**B. Select any of the following who will directly benefit from the Project's activities. (Select all that apply)**

Individuals that identify as being an Indigenous Person: First Nations

Individuals that identify as being an Indigenous Person: Métis

Individuals that identify as being an Indigenous Person: Inuit

Individuals that identify as being an Indigenous Person: Unknown/Other

Women: refers to all people, including trans people, who identify as a woman.

Youth: 40 years old and younger

Not applicable

Decline to identify

### IV. NOTICE OF COLLECTION OF PERSONAL INFORMATION

Where the demographic information collected by Ontario under III. Demographic Questions (Voluntary) may have the effect of identifying individuals, the information would be Personal Information. The purpose for this collection is for Canada and Ontario to improve access to the Sustainable CAP and address barriers to accessing Initiatives under the Sustainable CAP for underrepresented and marginalized groups. The authority for this collection is set out in the Minister's Order and Guidelines.



Ontario may collect the Social Insurance Number (SIN) of a Recipient that is eligible to receive an Initiative Payment where that Recipient is a sole proprietor, partner in a partnership or a member of an unincorporated entity and does not have a CRA BN. This collection is necessary for the purposes of enforcing the terms and conditions of the Initiative, including confirming the Recipient paid any applicable taxes on the Initiative Payment, conducting audits, and collecting any Overpayment or any other debt owing to Ontario or Canada arising prior to the Recipient's participation in the Initiative, as required by the Minister's Order and Guidelines.

If you have any questions or concerns regarding the collection of this personal information, please contact: Agricultural Information Contact Centre at 1 Stone Rd. W, Guelph ON N1G 4Y2, phone: 1-877-424-1300.

## **V. CERTIFICATION AND CONSENTS**

I, the undersigned, attest and certify the following:

- I am:
  - The Applicant; or
  - A duly authorized agent of the Applicant with the full and unqualified legal authority to bind the Applicant.
- That:
  - All information submitted in this Application Form is true, accurate and complete, to the best of my knowledge, belief and understanding as of the date this Application Form was submitted.
  - I will update the Ministry or cause the Ministry to be updated of any changes in the information that is set out in the Application Form as soon as practicable after the change arises.
  - I have read the Guidelines and the Minister's Order and fully understand them.
  - I, as the Applicant, meet the Eligibility Requirements set out in section 4 of the Guidelines; or
  - The Applicant meets the Eligibility Requirements set out in section 4 of the Guidelines.
- I:
  - Agree to be bound by the terms and conditions of the Initiative, as set out in the Minister's Order and Guidelines; or
  - Bind the Applicant to the terms and conditions of the Initiative, as set out in the Minister's Order and Guidelines.
- That:
  - If I do not comply with the requirements of the Initiative set out under the Minister's Order and Guidelines that I could lose my eligibility to participate in the Initiative and that I may have to return any Initiative Payments that I may have received; or
  - If the Applicant does not comply with the requirements of the Initiative set out under the Minister's Orders and Guidelines, the Applicant could lose its eligibility to participate in the Initiative and that the Applicant may have to return any Initiative Payments the Applicant may have received.

Name of Applicant/Authorized Agent

Title

Date (MM/DD/YYYY)

Submit the required quotes and the completed Application Form from the Applicant's/authorized agent's email account to [SustainableCAP1@ontario.ca](mailto:SustainableCAP1@ontario.ca)

- Only send files smaller than 10MB
- Only send files that do not contain live links