

## Before you start

This form must be filled out using Adobe software, such as Adobe Reader or Adobe Pro.

In order to ensure that your submission form is filled out accurately and completely, you must use Adobe software to fill out this form.

Although your form may *appear* to be filled out correctly when using non-Adobe software, Adobe software is the only software that will properly retain your submission form details.

Non-Adobe software includes your internet browser (e.g. Google, Firefox, Internet Explorer).

Applicants who complete this form using non-Adobe software will be required to **redo and resubmit** their submission form using Adobe software before it can be accepted.

## TO COMPLETE THIS SUBMISSION FORM:

1. Download a free version of Adobe Reader if you do not already have it installed on your computer. <https://get.adobe.com/reader/>
2. Save this submission form to your computer before you begin filling it out.
  - File > Save As > [give the file a name] > Save.
  - Do NOT fill out this form in your internet browser window.
3. Open the file from your computer.
  - Make sure that the file is opening in the Adobe software.
  - You can work on completing the submission form at any time. Remember to save your file along the way.
  - Once complete, save the file.
4. Email the Adobe-completed PDF submission form as an attachment to [AgRuralPrograms@ontario.ca](mailto:AgRuralPrograms@ontario.ca)
  - Do not send your document using Adobe Cloud.

**What Is the Purpose of This Form?**

Farm businesses can review the information on this form to see which worker wages and isolation expenses are eligible for reimbursement for the 2020 Growing Season. Businesses can also complete and submit this form to request reimbursement for eligible expenses.

**Want help to determine if this applies to you? Call 1-877-424-1300.**

**Section 1:**

Read parts 1.1, 1.2, 1.3 and 1.4 in this section to find out if wages and isolation expenses a farm business paid for workers who were unable to work due to a COVID-19 positive test result, or a Public Health Unit/Ministry of Labour Training and Skills Development order, are eligible for reimbursement.

Read part 1.5 in this section to find out what Terms and Conditions apply.

If the farm businesses' expenses are eligible for reimbursement, and the business agrees to the Terms and Conditions, the business can complete all parts of this section along with the applicable tables in Section 2 and submit this form and supporting documentation to request a payment.

Reimbursement of 100 per cent is paid for complete submissions that meet eligibility criteria, while funding is available. All complete submissions received are evaluated based on the information submitted. Submissions will not be considered if they do not meet eligibility criteria or if they are incomplete.

You may continue to complete and submit submission forms to request additional payments at any time when the intake is open.

Information about the status of the intake is available [here](#) or by phone at: 1-877-424-1300.

**1.1. Criteria for Employer Business ('Employer')**

For any expenses to be eligible, the Employer must be one an established farm business that is a legal entity and produces agricultural commodities in Ontario under a valid Farm Business Registration Number (FBRN) or an allowable exemption. Indicate the Employer meets this criteria:

The Employer is an established farm business that is a legal entity and produces agricultural commodities in Ontario under a valid Farm Business Registration Number (FBRN) or an allowable exemption.

To receive payment, the Employer must be registered to get funding through Transfer Payment Ontario, and be registered to receive direct deposit payments through Supply Chain Ontario.

Confirm the Employer is registered with up to date information:

The Employer is registered to get funding through Transfer Payment Ontario and the Employer's information is up to date.

Visit [Transfer Payment Ontario](#) to register or to update the Employer's information.

The Employer is registered to receive direct deposit payments through Supply Chain Ontario.

Visit [Supply Chain Ontario](#) to register or to update the Employer's information.

## 1.2. Criteria for Written Plan to Prevent Disease Spread

For any expenses to be eligible, the Employer must have a written plan documenting steps in place to limit the spread of disease throughout the operation. The written plan must be supported by the relevant union or health and safety committee, if applicable. The Employer must submit a copy of the written plan with this Submission Form. Confirm the following about the written plan:

The Employer has a written plan documenting steps in place to limit the spread of disease throughout the operation. The Employer is submitting a copy of the plan with this Submission Form.

The relevant union or health and safety committee supports the written plan, or this is not applicable.

## 1.3. Criteria for Reimbursement of Wage Expenses

For wage expenses to be eligible for reimbursement, **ALL** of the following criteria must be met:

- Wages have been paid to each worker exclusively for the period of time they were unable to work due to a COVID-positive test result, or a Public Health Unit/Ministry of Labour Training and Skills Development order related to COVID-19 ('Self-isolation Period').
- If the Employer/worker is eligible to receive any other form of wage compensation for the Self-isolation Period, the Employer/worker (as applicable) has applied for that wage compensation, and the amount of any wage compensation the Employer/worker is eligible to receive (GROSS) is disclosed on this Submission Form.
  - *Other forms of wage compensation include but are not limited to benefits received from the Workplace Safety Insurance Board (WSIB) and the Canada Emergency Response Benefit (CERB) or Canada Recovery Sickness Benefit Program.*
- Wages do not exceed the amount of wages each worker would have earned from the Employer (GROSS) had the worker been able to work, less the amount of any other form of wage compensation that the Employer/worker is eligible to receive (GROSS).
- Wages do not exceed the amount of wages (GROSS) the Employer has paid each worker.
- Wages were paid to each worker for a Self-isolation Period that occurred between March 15, 2020 and the date of the submission of this form.

- Wages were paid only to workers that are at Arm's Length from the Employer. **Arm's Length means** two entities/persons that are not related, not affiliated, and not controlled by one another within the meaning of section 251 of the Income Tax Act (Canada). If you have any questions about whether a worker meets this requirement, please contact OMAFRA at: 1-877-424-1300.
- Wages were not paid to any worker whose wage expenses have already been reimbursed or are requested to be reimbursed for the maximum number of weeks of self-isolation eligible for reimbursement (i.e., five weeks, whether consecutive or not consecutive)
- Wages were not paid to any worker for initial self-isolation when the worker arrived in Canada to start work.

**Indicate which applies to this submission:**

	<p><u>The Employer is not requesting reimbursement for wage expenses</u>  <b>Because the Employer is not requesting reimbursement for wage expenses, there is no need to complete Part B in Section 2 of this Submission Form.</b></p>
	<p><u>The Employer is requesting reimbursement for only its wage expenses that meet ALL the criteria in section 1.3</u>  <b>To request reimbursement for wage expenses, complete Parts A and B in Section 2 of this Submission Form.</b></p>

**1.4. Criteria for Expenses of Alternate Worker Arrangements (i.e., Accommodations, Transportation, and Incremental Meal Costs)**

For expenses of alternate worker arrangements to be eligible for reimbursement, **ALL** of the following criteria must be met:

- Expenses are for alternate worker arrangements for accommodations [including ancillary expenses], transportation [including ancillary expenses] and incremental meal costs necessary for self-isolation, that were incurred and paid by the Employer to support workers:
  - for only the period of time they were unable to work due to a COVID-positive test result, or a Public Health Unit/Ministry of Labour Training and Skills Development order related to COVID-19 ('Self-isolation Period');
  - for a Self-isolation Period that occurred between March 15, 2020 and the date of the submission of this form; and
  - not for a worker whose expenses have already been reimbursed or are requested to be reimbursed for the maximum number of weeks of self-isolation eligible for reimbursement (i.e., five weeks, whether consecutive or not consecutive).
- Expenses were procured exclusively through:
  - a transaction with a third-party that is at Arm's Length from the business that incurred and paid for the expense. This means an entity that is not related, not affiliated, or otherwise controlled by another member or members within the meaning of section 251 of the Income Tax Act (Canada); and
  - a process that is transparent, fair and promotes the best value for the money expended at competitive prices no greater than fair market value after deducting available discounts.
- Expenses for meals:
  - are incremental expenses that the Employer incurred as a result of worker self-isolation and would not have incurred otherwise
  - are limited to restaurant/prepared food only;
  - do not include alcohol; and
  - do not exceed \$45.00 per day per worker (including delivery charges and gratuities).

**Indicate which applies to this submission:**

	<p><u>The Employer is not requesting reimbursement for expenses of alternate worker arrangements</u> <b>Since the Employer is not requesting reimbursement for expenses of alternate worker arrangements, there is no need to complete Part C in Section 2 of this Submission Form.</b></p>
	<p><u>The Employer is requesting reimbursement for only expenses of alternate worker arrangements that meet ALL the criteria in section 1.4.</u> <b>To request reimbursement for expenses of alternate worker arrangements, complete Parts A and C in Section 2 of this Submission Form.</b></p>

**1.5. Terms and Conditions**

**The Employer must agree to be bound by all Terms and Conditions herein, as follows:**

NOTICE OF COLLECTION OF PERSONAL INFORMATION: Ontario may collect the Social Insurance Number (SIN) of a sole proprietor, partner in a partnership or a member of an unincorporated entity where they do not have a Canada Revenue Agency business number, in order to conduct audits, enforce the terms and conditions of the Initiative, confirm that the person in receipt of payments under the Initiative paid taxes on the payments, and collect any debt owing to Ontario, as set out in Part VIII of the Minister's Order 0004/2020. If you have any questions or concerns regarding the collection of this information, please contact: Administrative Services Representative, Rural Programs Branch, Ontario Ministry of Agriculture, Food and Rural Affairs, at 1 Stone Rd. W, Guelph ON N1G 4Y2, phone: 266-979-7884.

**By submitting this Submission Form:**

**I am certifying the following:**

- I am authorized by an Employer that meets the eligibility requirements set out herein to submit this Submission Form on behalf of the Employer and to bind the Employer to the terms and conditions herein, which I agree creates a binding agreement between the Employer and Her Majesty the Queen.
- I have read and understood all Program requirements as set out herein and in the [Minister's Order 0004/2020](#) as amended from time to time.
- The Employer has abided by all Program requirements, and will continue to abide by all Program requirements. These requirements include that:
  - The Employer is in compliance with all Requirements of the Law, namely all applicable statutes, regulations, by-laws, ordinances, codes, official plans, rules, approvals, permits, licenses, authorizations, orders, decrees, injunctions, directions, Program Guidelines and agreements with all authorities that now or at any time hereafter may relate to the Employer and/or the eligible costs. Without limiting the generality of the foregoing, the Employer is in compliance with the Quarantine Act (Canada) including but not limited to the mandatory 14-day isolation period for temporary foreign workers.
  - No officer, director or employee of the Employer, or other beneficiary of the expenses, is a current or former federal public office holder or federal public servant, or, if any officer, director or employee of the Employer is a current or former federal public officer holder or federal public servant, they are in compliance with the Conflict of Interest Act, the Conflict of Interest Code for Members of the House of Commons, the Values and Ethics Code for the Public Sector, and the Policy on Conflict of Interest and Post-Employment, as applicable.
  - Amounts of funding sourced from federal, provincial and municipal governments for eligible costs do not, and will not, exceed 100 per cent of the amount of the eligible costs.

- The Employer does not currently owe any money to Ontario, or a description of the Employers' debt to Ontario is attached to this Submission Form.
- The Employer will retain all records relating to any payments made to the Employer, including all invoices and proof of payment in an organized and business-like manner for at least seven (7) years from the date the Employer receives any payment resulting from the submission of this Submission Form.
- The Employer will use and retain ownership, possession and control of any tangible asset with a fair market value of over \$10,000 purchased, contributed, constructed, developed or otherwise acquired by the Employer through to at least December 31, 2021. For greater certainty, this includes refraining from leasing or otherwise encumbering these tangible assets. Further, 'fair market value' means the highest price that would be agreed to in an open and unrestricted market between knowledgeable, informed and willing parties acting at arm's length, who are under no compulsion to transact.
- If applicable, the Employer has received and is in possession of clear evidence that any relevant union or health and safety committee supports the Employer's written plan documenting the steps in place to limit the spread of COVID-19.
- All information submitted on this Submission Form is true and complete, to the best of the signatory to this Submission Form's knowledge, belief and understanding.

**I acknowledge, accept and/or consent to the following on behalf of the Employer:**

- Ontario reserves the right to refuse to accept this Submission Form where it is not completed to Ontario's satisfaction.
- Funding is provided through a discretionary, non-entitlement program. The Employer is not entitled to funding merely as a consequence of submitting a Submission Form. Payment is subject to Ontario having sufficient money within its existing budget, including receiving all the necessary appropriations from the Ontario Legislature; the Employer and the Employers' funding of wages satisfying eligibility criteria and eligible cost criteria; and the Employers' compliance with all terms and conditions. Funding is provided through a discretionary, non-entitlement program. The Employer is not entitled to funding merely as a consequence of submitting a Submission Form. Payment is subject to Ontario having sufficient money within its existing budget, including receiving all the necessary appropriations from the Ontario Legislature and all the necessary monies from Canada; the Employer and the Employers' funding of wages satisfying eligibility criteria and eligible cost criteria; and the Employers' compliance with all terms and conditions.
- If it is determined the Employer has received a payment the Employer was not eligible to receive, through administrative error or otherwise, the Employer will repay any and all payments that the Employer was not eligible to receive as well as any surplus funding.
- Any payments made to the Employer may be subject to recovery or offset against the Employers' pre-existing debts to the Crown in Right of Ontario or of Canada. Ontario may charge interest on any money owing by the Employer at the then current rate charged by Ontario on accounts receivable.
- Ontario or Canada including their Ministers, directors, officers, agents, employees or representatives (as applicable), shall not be liable for any damage or loss whatsoever, or howsoever arising, including damage or loss arising from any advice, opinions, representations, warranties or the provision of information.
- The rights and obligations under the Program are governed by Ontario law and applicable federal laws of Canada. The Courts of Ontario will have exclusive jurisdiction over any proceedings related to the Program.
- Ontario or Canada may publish information about the eligible wages funded including the amount of funding the Employer has been approved to receive and/or has received, and the nature of any eligible costs funded, along with the Employer's name.
- Ontario or Canada may use and disclose the information provided to conduct audits, enforce the terms and conditions of the Program, confirm that the person in receipt of payments under the Program paid taxes on the payments, and collect any debt owing.
- The information, with the exception of the Social Insurance Number (SIN) provided by sole proprietors, partners in a partnership and members of unincorporated entities where they do not have Canada Revenue Agency business numbers, may also be used and disclosed to, amongst other things, verify compliance with

other provincial and federal funding initiatives, confirm the information provided, verify eligibility and to ensure there is no duplication of funding.

- The information provided may, with the exception of the SIN, be subject to disclosure under the Freedom of Information and Protection of Privacy Act (Ontario) or the Access to Information Act (Canada).
- Ontario or Canada may use the Employers' name and contact information to contact the Employer for the purpose of evaluating the effectiveness and efficiency of programming, or for any other similar purpose.

**The Employer will:**

- Provide accurate, timely and full information, including supporting documentation, to Ontario and notify Ontario immediately in the event there are any changes to the information provided.
- Provide Ontario, Canada and their authorized representatives with any information or access to a person, place or thing within the timelines provided by Ontario, Canada or their authorized representatives.
- Comply with onsite field inspections and/or audits by Ontario, Canada and their authorized representatives upon notice, and during normal business hours, to verify eligibility, and to evaluate compliance with the requirements of the Program which may include allowing for the copying of records, removal of copied records and taking pictures or other recordings.
- Comply with reviews by Ontario of information related to other programs and initiatives delivered by, or for, Ontario in which the Employer is enrolled or has applied.
- Acknowledge Ontario and Canada's support in the following manner where the Employer receives funding under this Program: "The [insert what eligible costs were funded] were funded by the Ontario Ministry of Agriculture, Food and Rural Affairs and Agriculture and Agri-food Canada."

In the event of a conflict between anything set out in the Guidelines and the Minister's Order 0004/2020 under which this Program is created, the Minister's Order will prevail.

Errors and Omissions Excepted.

Carolyn Hamilton  
Initiative Director pursuant to the Minister's Order 0004/2020

Name

Title

Email

Date (YYYY/MM/DD)

Submit your form by email:

[AgRuralPrograms@ontario.ca](mailto:AgRuralPrograms@ontario.ca)

Only send files smaller than 10MB

Only send files that do not contain live links

Section 2: Part A - Business Information

Second submission?

If you have submitted a copy of this submission form in the past, please enter the legal name of the Business/Organization (Complete name business is registered under):

Check [here](#) and proceed to the next part (Part B or C) if the Employer has completed Part A in a previous submission.

1. Business Contact and Business Name(s)

First Name Last Name Job Title

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

Legal Name of Business/Organization (Complete name business is registered under)

Same as Operating Name or:

Business Email Address Phone

Business Mailing Address

Address City/Town

Municipality Province Postal Code

2. Business Number – Canada Revenue Agency Client Number

The Business number is a 9-digit business identifier used in Canada to which clients 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.

[cra-arc.gc.ca/tx/bsnss/tpcs/bn-ne/wrks-eng.html](http://cra-arc.gc.ca/tx/bsnss/tpcs/bn-ne/wrks-eng.html)

RC 0 0 0

OR

I/we confirm I/we do not have a CRA Number



**3. Farm Business Registration Number (FBRN), If Applicable.**

A Farm Business Registration Number (FBRN) for a qualifying business can be received by registering with the OFA, CFFO or NFU-O. This is a six- to seven-digit number. Farm businesses that earn a gross farm income of \$7,000 or more (for income tax purposes) are required by legislation to register their business.

If applicable, please indicate if you have qualified for one of the following FBRN exemptions. Further documentation may be required to verify your exemption status.

Religious exemption

Cultural exemption

**4. Ownership Structure**

Sole Proprietorship

Registered Professional Partnership

Incorporated Business

Community or other  
Not-for-profit

Cooperative

**5. Describe your business/ organization and the products/services it provides.  
(200 words maximum)**

**6. Number of Employees**

6. Number of Employees		Breakdown		
		Domestic Workers	Temporary Foreign Workers	Seasonal Workers
Employees	Total Number			
Full-time (30 hours or more/week)				
Part-time (less than 30 hours/week)				

## 7. Primary Commodity

Crop Production			
Oilseed and Grain (1111)	Vegetable and Melon Farming (1112)	Fruit and Tree Nut Farming (1113)	Food Crops Grown Under Cover (11141)
Nursery and Floriculture Production (11142)	Maple Syrup and Products (111994)	Other Crop Farming (1119) (e.g. sugar beets, hay, herbs, spices, mint, hops)	
Animal Production			
Beef Cattle including feedlots (11211)	Dairy Cattle and Milk Production (11212)	Hog and Pig farming (11221)	Poultry and egg Production (1123)
Sheep Farming (11241)	Goat Farming (112420)	Aquaculture CAN (112510)	Apiculture (112910)
Fur-Bearing Animal and Rabbit Production (112930)	Horse and Other Equine Production (112920)	All other Animal Production (including deer, elk, and llama) (1129)	
Wholesale and Retail Sales			
Farm Product Wholesaler-Distributors (4111)			

**Section 2: Part B - Submit Your Expenses**

In the table below, itemize the wages you paid to individual workers for time they were not working due to a positive COVID-19 test result, or a Public Health Unit or Ministry of Labour, Training and Skills Development Order related to COVID-19 (does not including the 14 day mandatory isolation period for Temporary Foreign Workers upon arrival). All information required below must be in Canadian Dollars. Only wages paid from March 15, 2020 up to the submission date can be included. All costs must be paid at the time of submission. Please attach all relevant proofs of payment (e.g., payroll records for the relevant payroll period).

	Worker Identifier that corresponds to payroll records (e.g., employee name or number)	Period of Worker Self-isolation (YYYY/MM/DD)		Number of working days missed due to Self-isolation	A. Amount of wages the worker would have earned from the Employer during Self-Isolation Period if they had been working	B. Amount of total wage compensation the worker received for the Self-isolation Period from any source other than the Employer (e.g., CERB, WSIB)	C. Amount of wages the worker was paid by the Employer for the Self-isolation period	Payroll Period relevant to column D (YYYY/MM/DD)		D. Total Eligible Costs
		Start *On or after March 15, 2020	To					From	To	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

**Section 2: Part B - Submit Your Expenses (continued)**

	Period of Worker Self-isolation (YYYY/MM/DD)		Number of working days missed due to Self-isolation	A. Amount of wages the worker would have earned from the Employer during Self-isolation Period if they had been working	B. Amount of total wage compensation the worker received for the Self-isolation Period from any source other than the Employer (e.g., CERB, WSIB)	C. Amount of wages the worker was paid by the Employer for the Self-isolation period	Payroll Period relevant to column D (YYYY/MM/DD)		D. Total Eligible Costs
	Start *On or after March 15, 2020	To					From	To	
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									

**Section 2: Part B - Submit Your Expenses (continued)**

	Worker Identifier that corresponds to payroll records (e.g., employee name or number)	Period of Worker Self-isolation (YYYY/MM/DD)		Number of working days missed due to Self-isolation	A. Amount of wages the worker would have earned from the Employer during Self-isolation Period if they had been working	B. Amount of total wage compensation the worker received for the Self-isolation Period from any source other than the Employer (e.g., CERB, WSIB)	C. Amount of wages the worker was paid by the Employer for the Self-isolation period	Payroll Period relevant to column D (YYYY/MM/DD)		D. Total Eligible Costs
		Start *On or after March 15, 2020	To					From	To	
27										
28										
29										
30										
31										
32										
33										
34										
35										
36										
37										
38										
39										
								Total Eligible Costs		

**Section 2: Part C – Alternate Worker Arrangements**

In the table below, itemize the invoices you are submitting within the respective five eligible cost item categories you paid related to alternate worker arrangements for a Self-isolation Period due to a Public Health Unit or Ministry of Labour, Training and Skills Development Order. All information required below must be in Canadian Dollars. Only proof of payments from March 15, 2020 up to the submission date can be included. All costs must be paid at the time of submission. Please attach all relevant proof of payment (e.g. receipts, paid invoices).

A. Costs Item Category	Number of workers covered by cost	Number of days covered by cost	Vendor Name	Invoice Number	Invoice Date (YYYY/MM/DD)	Period of Invoice (YYYY/MM/DD)		Method of payment (e.g., Cheque, Visa)	Invoice Amount for Cost Item	Tax	Net Claim (Less Tax)
						From	To				
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

**Section 2: Part C – Alternate Worker Arrangements (continued)**

	A. Costs Item Category	Number of workers covered by cost	Number of days covered by cost	Vendor Name	Invoice Number	Invoice Date	Period of Invoice		Method of payment (e.g., Cheque, Visa)	Invoice Amount for Cost Item	Tax	Net Claim (Less Tax)
							From	To				
13												
14												
15												
16												
17												
18												
19												
20												

<b>Accommodation sub-total</b>		<b>Ancillary Costs of Accommodation sub-total</b>	
<b>Transportation sub-total</b>		<b>Ancillary Costs of Transportation sub-total</b>	
<b>Meals subs-total</b>		<b>Total eligible costs</b>	