

Mechanism Change Funding Program

Agri-Commodity Management Association
7 Atlantic Central Dr.
East Mountain, NS B6L 2Z2
T: 902-895-0581
F:902-893-7063



This program aims to support check-off remitters in adopting and updating their processes and software systems, enabling them to properly deduct, report, and remit check-off in accordance with provincial and federal regulations. It will provide financial support to eligible sites to implement system changes.

IMPORTANT PROCESS INFORMATION

Applications will be accepted from **November 4th, 2025, to June 1st, 2026**. There will be a one-time follow-up on missing requirements. The applicant will receive confirmation once the application is deemed complete. Approved payments will be issued in June 2026.

Program Guidelines and Requirements:

- This is a **ONE-TIME** funding program to accommodate the mechanism change and related rate changes
- Program is open to all check-off remitters in British Columbia, Alberta, and/or Saskatchewan
- Must be a check-off remitter in good standing with their Provincial Cattle Association
 - Check-off remitters operating multiple sites may receive funding for each site, provided all program requirements are met
- Expenses eligible for funding must have occurred between April 1, 2025, and the application deadline
 - Updates must be completed to claim
- Payments under the program may be prorated in response to funding demand

Eligible Activities:

- Update settlement software
- Design and printing of reporting documents

Application Deadline – June 1st, 2026

Approved payments will be issued no later than June 30th, 2026

Send by mail to: **Agri-Commodity Management Association, 7 Atlantic Central Dr., East Mountain, NS B6L 2Z2**

Email: admin@agricommodity.ca; **OR** send directly to the **ACMA Office Fax:** 902-893-7063

APPLICANT INFORMATION

Applicant Name: _____

Mailing Address: _____

Site Location: _____

Email: _____

Business Number or SIN _____

Phone: Home: _____ Cell: _____

Business Number & SIN Request Note:

ACMA is required to file a T4a for each applicant who receives funds from this program to be included in your 2026 tax return. To do this, we must have either your Business Number or your SIN. If you are not comfortable having it written down, please call the office and provide it verbally. Applications are not deemed complete without this information.

Indicate the funding category below applicable to the applicant. Verification will be conducted through the Provincial Cattle Associations.



Category	Description	Cost Share	Program Max. Funding
Large Remitters	Greater than 50,000 head per year	50%	\$2,500
Medium Remitters	15-50,000 head per year	50%	\$1,000
Other	Less than 15,000 head per year	50%	\$750

ACTIVITIES COMPLETED

Complete the table below for claimable activities, indicate the total cost incurred, and calculate the funding requested at 50% of the total cost. Supporting invoices and payment confirmations must be submitted with the application.

<u>Eligible Activities</u>	<u>Date Activity Completed</u>	<u>Total Cost (A)</u> <small>(less GST/ PST)</small>	<u>Funding Requested</u> <small>(50% of A)</small>
Update of Settlement Software			
Design/Printing or Reporting Documents			
Total Funding Applied For:			\$

Document Checklist:

- Application completed and signed
- Supporting invoices and payment confirmations for qualifying activities
 - Copy of cleared cheque from bank statement or credit card receipt

CERTIFICATION AND SUBMISSION**By submitting this application form, I**

- certify, to the best of my knowledge and ability, that the information provided on this form is complete, true, and correct.
- understand and agree to the program guidelines and, if the application is approved in whole or in part, agree to abide by the terms and conditions as set out in the program guidelines.
- consent to the audit and verification of the information provided on this form, such audit and verification to be performed by the Canadian Beef Check-Off Agency or other parties, including,
 - grant permission to the ACMA to contact any of my suppliers to confirm the information I have provided.
 - agree to repay any overpayment amount received as a Program Payment if an adjustment or audit shows the amount received exceeds the contributions to which I am entitled under the terms of the Program Payment.
- understand that limited funding is available and that the program payments may be prorated depending on the number of completed applications.
- confirm that I have the authority to bind the applicant.
- all decisions of the program administrator are considered final

ACKNOWLEDGMENT

By signing below, I hereby certify that the amounts claimed are compliant with the payments authorized by the Mechanism Change Funding Program terms and conditions, as displayed on this application.

Print Name

Signature

Date