

Project/Client #: (Office Use Only)

**Section 1 - Applicant Information**

Applicant:

Contact for Applicant:

Mailing Address:

Civic Address (if different than mailing address):

Village/Town/City	Province	Postal Code
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Telephone No. Cellular Phone No.	Fax No.	E-mail Address
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Type of applicant (Choose one and provide the business number affiliated with it):

- Group
- Municipality
- Institution

Business number:

Information about the applicant:

**Section 2 - Project Detail**

Project Title:

Project Description:



**Project Objective:**

**How will you measure the success of your project?**

**If the applicant is a school/youth group, how will this project tie into learning objectives?**

**If this project is similar to one completed in previous years, what impact did the previous project have?**

**State the following information detailing the project budget and total cost of implementation. Please itemize each eligible project cost. (HST is not eligible for reimbursement.)**

Details of Planned Expenditure (format, #s, size, color, etc.)	Total Cost	Amount Requested	PEIDAF use only. Amount approved

**Please attach a draft copy of the sign text, printed material text, or wording to be used in the media with this application.**

**Additional requirement:**

**The PEI Flavours logo, in accordance with PEI Flavours brand guidelines, will be added to material funded under this program. For a copy of the PEI Flavours brand guidelines and logo, please contact: Carolyn Wood at [cjwood@gov.pe.ca](mailto:cjwood@gov.pe.ca) or 902-368-4145**

### Section 3 - Declarations and Consent to Use Personal Information

By submitting this form for benefits, I/We:

- certify that all the information provided is complete and correct
- understand that personal information on this form is collected under Section 31c of the *Freedom of Information and Protection of Privacy Act* R.S.P.E.I. 1988 c. F-15.01. It will be used for determining eligibility for program assistance and will be shared with the Canada Revenue Agency regarding the taxable benefit regarding program management, claims, audits, and evaluations of this program
- agree to participate in an evaluation and/or audit of the program
- understand that failing to comply with all application requirements may delay the processing of the application, or may render me ineligible for receiving assistance under the program
- understand and agree that the social insurance number (SIN) and the business number are collected under the authority of the *Income Tax Act* for the purposes of reporting income
- acknowledge that my/our completing this application form and by receiving advice from PEIDAF delivery agent does not oblige PEIDAF or other delivery agents to provide funding
- understand that expenses incurred prior to the submission of an approved application are not eligible for assistance under this program.

I, certify that the information given on this application is to the best of my knowledge complete, true and accurate.

\_\_\_\_\_  
Name of Applicant/ Signing Officer  
(Please print)

\_\_\_\_\_  
Signature of Applicant/Signing Officer

\_\_\_\_\_  
Date

### Section 4 - Submitting the Application

**Please submit completed application form or direct inquiries to:**

Agri-Food Market Development Program  
PEI Department of Agriculture and Forestry  
PO Box 2000, 5<sup>th</sup> Floor Jones  
Charlottetown, PE  
C1A 7N8  
Telephone: (902) 368-4145  
Fax: (902) 368-4857  
Email: [cjwood@gov.pe.ca](mailto:cjwood@gov.pe.ca)

Date Application Received (Office Use Only)

Date Application Completed (Office Use Only)

Date Application was Approved (Office Use Only)

Version 1.1, Last Revised April 1, 2015

