

Agri-Food Market Development Program **APPLICATION FORM**

2015-2016

Project/Client #: (Office Use Only)

Section 1 - Applicant Information

Full Name (including middle name):

Business Name (if applicable):

Mailing Address:

Civic Address (if different than mailing address):

Village/Town/City	Province	Postal Code
Telephone No. Cellular Phone No.	Fax No.	E-mail Address

Type of Business. Choose one and complete the required information:

Individual Proprietorship (if you file to Canada Revenue Agency as an individual)
Social Insurance Number: _____

Incorporated Company (if you file to Canada Revenue Agency as a corporation)
(This number can be found on your tax forms and is required under the authority of the Income Tax Act)
Revenue Canada Business Number: _____

Partnership (if you file to Canada Revenue Agency as a partnership.)
Please include Revenue Canada Business Number and All Partner's Social Insurance Numbers
Revenue Canada Business Number: _____

Name of all Partners (for partnerships)	% of Ownership Must total 100%	Partners' Individual Social Insurance Numbers:

Group or Organization

What type of agri-food products does the business produce? (e.g. beef, cranberries, etc.)



Section 2 - Project Detail

Project Title:

Indicate which program component(s) you are applying under (✓): *Please complete a separate application form for each program component.*

- Signage/Promotion Training New Product Development / Season Extension

Project Objective:

Provide an overview of the project.

Why do you think this project will increase supply/demand and/or sales for PEI products?

How will you measure the success of your project?

If this project is similar to one completed in previous years, what impact did the previous project have on your business? (e.g. media ads, signage etc.)

Identify other Provincial and Federal Government funding sources that have been applied for:

Have the source(s) confirmed funding (please check appropriate box):

Yes No

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.)	Estimated 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 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, 5th Floor Jones
Charlottetown, PE
C1A 7N8
Telephone: (902) 368-4145
Fax: (902) 368-4857
Email: cjwood@gov.pe.ca

Date Application Received (Office Use Only)

Date Application Completed (Office Use Only)

Date Application was Approved (Office Use Only)