FUTURE FARMER PROGRAM
Business Risk Management Assistance Subprogram

REIMBURSEMENT FORM

The Future Farmer Program will reimburse for two consecutive years 50% of an applicant's costs associated with enrollment in the PEI AgriInsurance Program and/or an applicant's program fee in AgriStability. Maximum assistance is $2,000 per applicant.

Last Name:	
First Name:	Middle Name:
Corporation Name (if applicable):	
Address (including postal code):	

Please indicate if cheque is to be made payable to:

☐ Applicant ☐ Corporation

Area for reimbursement:

☐ AgriInsurance ☐ AgriStability

This is the:

☐ First year for reimbursement ☐ Second year for reimbursement

Applicant Cost: $_____ **Reimbursement Amount: _____**

Note: Costs must be supported by receipts.

An applicant by submitting a claim:

- 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 as it relates directly to and is necessary for the Growing Forward 2 Program being delivered as part of the Canada-Prince Edward Island Growing Forward 2 Framework and Bilateral Agreements. It will be used for determining eligibility for program assistance and will be shared with the Canada Revenue Agency regarding the taxable benefit and Agriculture and Agri-Food Canada, regarding program management, claims, audits, and evaluations of this program.
- agree that information provided for purposes of the Growing Forward 2 Program may be shared with the Canada Revenue Agency as it pertains to any potential taxable benefits, as well as with Agriculture and Agri-Food Canada or its agent regarding claims, audits, and evaluations as it relates directly to and I is necessary for this contract being delivered as part of the Canada-Prince Edward Island Growing Forward 2 Framework and Bilateral Agreements.

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

_____	_____	_____
Name of Applicant (Please print)	Signature of Applicant	Date

FOR OFFICE USE ONLY – Payment Authorization	
Invoice #:	Amount Payable $:
Account #:	Date:
Authorization:	

Note: Supporting documentation is filed in the office of the Growing Forward 2, Future Farmer Program Manager.

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