

**Canada-PEI  
Future Farmer Program**

**Training Assistance Application and Reimbursement Form**

Please complete the form below and submit to your program advisor for pre-approval. Reimbursement is available to cover 50% of eligible training expenses including registration fees, fees for one-on-one training, honoraria/service fees, off-Island kms & accommodation and airfare. Meals are not an eligible expense.

Last Name:	
First Name:	Middle Name:
Corporation Name (if applicable):	
Address (including postal code):	
Describe Training Event:	
Date of Training Event:	Estimated Cost of Training:
Describe which skill(s) identified in personal learning plan are being supported and how:	

<b>FOR OFFICE USE ONLY: Program Advisor Pre-approval</b>
Comments:
Pre-approve application for training assistance ___ yes ___ no
Date: _____ Program Advisor Signature: _____

**PART TWO - Claim**

Name of Training Event: \_\_\_\_\_

If expected reimbursement is greater than \$500, a short report identifying the training received, skills developed and benefits to farming operation must be submitted with this form.

A report is attached (✓): \_\_\_\_\_yes \_\_\_\_\_no

<b>Cheque to be made Payable to:</b>	
_____ Applicant	SIN: _____
<b>OR</b>	
_____ Corporation Name	Business #: _____

<b>Details of Expenses</b> - there is 50% reimbursement on eligible expenses to maximum of \$2,000/event		
Receipt Detail	Actual Cost	Eligible Reimbursement
<i>Note: costs must be supported by original receipts</i>		<b>Total</b>

<b>Applicant Declaration and Signature</b>
Applicants by submitting a claim: <ul style="list-style-type: none"><li>• certify that the information provided is complete and correct</li><li>• certify that the actual costs listed above were incurred for participation in the training event</li><li>• certify that they did attend/participate in the training event described in Part one</li><li>• consent to the release of the information contained on this application to officials of Agriculture and Agri-Food Canada and the Prince Edward Island Department of Agriculture for the purposes of audit, analysis, evaluation, and program development in accordance with their respective privacy acts</li></ul>
Date of Claim: _____ Applicant Signature: _____

Personal information on this form is collected under Section 31(c) of the *Freedom of Information and Protection Privacy Act* R.S.P.E.I. 1988, c. F-15.01 as it relates directly to and is necessary for the Future Farmer Program and will be used for determining eligibility for program assistance and issuing tax related receipts. If you have any questions about this collection of personal information, you may contact the Future Farmer Program Manager, PEI Department of Agriculture, PO Box 1600, Charlottetown, PE, C1A 7N3, 902-368-5647. Information may be verified.

<b>FOR OFFICE USE ONLY - Payment Authorization</b>	
Amount: \$ _____	
Date:	Invoice #:
Account #:	Batch #:
Authorization:	