

Canada-PEI Business Development Program

Application Form SKILLS

Section 1 - Applicant Information			
Note: Applications are accepted only from individuals. Corporations, partnerships, cooperatives, or other associations of persons engaged in commercial agricultural production, are limited to \$16,000 maximum funding from SKILLS.			
1. First Name	Middle Name	Last Name	Social Insurance Number
2. Civic Address (include Route # / Road Name)			
Village/Town/City		Province	Postal Code
Telephone No.	Cellular Phone No.	Fax No.	E-mail Address
3. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married / Common Law			
Spouse Information First Name Middle Name Last Name			Spouse's Social Insurance Number
4. Please check the type of farm business you operate or are engaged in (check one):			
<input type="checkbox"/> proprietorship (individual) <input type="checkbox"/> partnership <input type="checkbox"/> corporation <input type="checkbox"/> co-operative <input type="checkbox"/> other association of persons (specify) _____			
Name of Farm Business _____			
5. Please check the principal commodity you produce (check only one):			
<input type="checkbox"/> Beef <input type="checkbox"/> Sheep <input type="checkbox"/> Other Poultry <input type="checkbox"/> Fruit <input type="checkbox"/> Dairy <input type="checkbox"/> Other Animals <input type="checkbox"/> Vegetables <input type="checkbox"/> Grains and/or Oilseeds <input type="checkbox"/> Hogs <input type="checkbox"/> Poultry and Eggs <input type="checkbox"/> Potatoes <input type="checkbox"/> Greenhouse and/or Nursery <input type="checkbox"/> Other			
File Number (Office Use Only)		Date Application Received (Office Use Only)	

Notes re Fields 6, 7 and 8: The information collected in Fields 6, 7 and 8 is collected for the purpose of evaluating and designing improvements to the Canada-PEI Business Development Program: SKILLS, not for determining your eligibility for the program. The information is kept confidential and only used to compile statistics from which no one can be identified personally.

<p>6. Age</p> <p><input type="checkbox"/> Under 25 <input type="checkbox"/> 25 - 34 <input type="checkbox"/> 35 - 44 <input type="checkbox"/> 45 - 54 <input type="checkbox"/> 55 - 64 <input type="checkbox"/> 65 +</p>	<p>7. Highest level of Education</p> <p><input type="checkbox"/> Some elementary school or some secondary (high) school (include upgraded and special education)</p> <p><input type="checkbox"/> Completed secondary (high) school (graduation certificate or equivalent)</p> <p><input type="checkbox"/> Some post-secondary, including college or university courses</p> <p><input type="checkbox"/> Completed college or university certificate or diploma below bachelor level (e.g. trade, technical, or vocational school, agricultural diploma, business college, community school, CEGEP)</p> <p><input type="checkbox"/> Completed university degree (bachelor's and above)</p>	<p>8. Years of managing day to day operation of a farm</p> <p><input type="checkbox"/> Less than 6 (Beginning Farmer) <input type="checkbox"/> 6 - 15 <input type="checkbox"/> 16 - 25 <input type="checkbox"/> 26 - 35 <input type="checkbox"/> 36 - 45 <input type="checkbox"/> 46 +</p>
---	--	---

Section 2 - Eligibility Information
 For more information, please see the Canada-PEI Business Development Program: SKILLS description at website www.gov.pe.ca/go/GFbusprogram

Notes re 9 (a) and 9 (b)
 Documentation will be required to demonstrate annual gross farm sales.
 If your answer is "No" to either 9 (a) or 9 (b), discontinue completing this form.

<p>9 (a) If you are, or your spouse is, an established farmer, does your farm (or the farm entity in which you or your spouse are a member) generate at least \$15,000 in annual gross farm sales?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--	---

OR

<p>9 (b) If you are, or your spouse is, a beginning farmer (you intend to farm or you have been operating a farm for less than six years), can you demonstrate that you (or the farm entity) has or will have at least \$15,000 in annual gross farm sales within three years?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--	---

Section 3 - Reason(s) for Agri-Skill Development Program Participation

Check any and all of the following objectives which agree with yours.
 To learn knowledge/skills to:

a) improve farm profitability
 b) improve the safety and quality of farm food production
 c) enhance environmentally-responsible production
 d) take advantage of new market opportunities resulting from recent scientific research
 e) other (specify) _____

Section 4 - Declarations and Consent to Use Personal Information

- By submitting this form for benefits under the Canada-PEI Business Development Program: SKILLS, I declare that:
- I certify that all the information provided is complete and correct
 - I 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 Business Development Program being delivered as part of the Canada-Prince Edward Island Growing Forward 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, and Holland College regarding program management, claims, audits, and evaluations of this program.
 - I agree that information provided for purposes of the Business Development 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 is necessary for this contract being delivered as part of the Canada-Prince Edward Island Growing Forward Framework and Bilateral Agreements.
 - I agree to participate in an evaluation and/or audit of the program
 - I am not currently receiving employment Insurance Part 2 benefits for skills development training.
 - I am willing to provide, upon request, any documentation necessary for eligibility verification.
 - I 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.
 - I 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.
 - I acknowledge that my completing this application form and by receiving advice from PEIDA or other Business Development Program delivery agent does not oblige PEIDA or other delivery agents to provide funding.
 - I understand and agree that access to SKILLS Program benefits necessarily involves my participation in an appropriate assessment process to determine my current interests, skills and abilities profile and in the development of a realistic, achievable Individual Learning Plan (ILP).
 - I further acknowledge and agree that approval of this application by PEIDA or other delivery agent will require that I enter into an agreement with PEIDA or other delivery agent which will set out the terms and conditions for financial support under the program.

Section 5 - Signature

Dated this _____ day of _____, _____ at _____
(day) (month) (year) (location)

Signature of Applicant

Section 6 - Submitting the Application

Send your completed, signed application to:

Mail: PEI Department of Agriculture
PO Box 1600
Charlottetown, PE C1A 7N3

Fax: 902-368-5661

Deliver to: PEI Department of Agriculture
440 University Ave.
Charlottetown, PE

Attention: Colleen Younie

Please ensure that you have included evidence of annual gross farm sales as indicated in Section 3.

For further information, please contact Agriculture Information Desk, PEI Department of Agriculture

Phone: 902-368-4145 or Toll Free: 1-866-PEI-FARM (734-3276)

Website: www.gov.pe.ca/go/GFbusprogram