

# BUSINESS DEVELOPMENT PROGRAM

## Agri-Skills

# APPLICATION FORM

Project/Client #: (Office Use Only)

OPTIONAL : Do you want to complete a Skills and Needs Assessment ?  Yes  No

### Section 1 - Applicant Information

Note: Applications are accepted only from individuals.

Full Name (including middle name):

Social Insurance Number

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

Marital Status:  Single  Married / Common Law

Spouse Information:

Social Insurance Number

First Name

Middle Name

Last Name

Please check the type of farm business you or your spouse operate or are engaged in (check one):

Proprietorship (Individual)  partnership  corporation

other association of persons (specify): \_\_\_\_\_

Business Name (if Applicable): \_\_\_\_\_

Please check the principal commodity you produce (check only one):

- |  |   |   |  |   |
|--|---|---|--|---|
| <input type="checkbox"/> Beef                | <input type="checkbox"/> Eggs               | <input type="checkbox"/> Broilers               | <input type="checkbox"/> Other Poultry | <input type="checkbox"/> Fruit                |
| <input type="checkbox"/> Mixed               | <input type="checkbox"/> Dairy              | <input type="checkbox"/> Goats                  | <input type="checkbox"/> Vegetables    | <input type="checkbox"/> Potatoes             |
| <input type="checkbox"/> Grains and Oilseeds | <input type="checkbox"/> Swine              | <input type="checkbox"/> Sheep                  | <input type="checkbox"/> Horses        | <input type="checkbox"/> Greenhouse & Nursery |
| <input type="checkbox"/> Other: _____        | <input type="checkbox"/> Other Crops: _____ | <input type="checkbox"/> Other Livestock: _____ |  |   |

The information collected in questions 1, 2 and 3 below are collected for the purpose evaluating and designing improvements to this program, 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>1. Age</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Under 25</li> <li><input type="checkbox"/> 25 - 34</li> <li><input type="checkbox"/> 35 - 44</li> <li><input type="checkbox"/> 45 - 54</li> <li><input type="checkbox"/> 55 - 64</li> <li><input type="checkbox"/> 65 +</li> </ul>	<p>2. Highest level of Education</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Some elementary school or some secondary (high) school (include upgraded and special education)</li> <li><input type="checkbox"/> Completed secondary (high) school (graduation certificate or equivalent)</li> <li><input type="checkbox"/> Some post-secondary, including college or university courses</li> <li><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)</li> <li><input type="checkbox"/> Completed university degree (bachelors and above)</li> </ul>	<p>3. Years of managing day to day operation of a farm</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Less than 6 (Beginning Farmer)</li> <li><input type="checkbox"/> 6 - 15</li> <li><input type="checkbox"/> 16 - 25</li> <li><input type="checkbox"/> 26 - 35</li> <li><input type="checkbox"/> 36 - 45</li> <li><input type="checkbox"/> 46 +</li> </ul>
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**Section 2 - Eligibility Information**

For more information, please see the Business Development Program: Agri-Skills description at [www.gov.pe.ca/gf2](http://www.gov.pe.ca/gf2)

Documentation may be required to demonstrate annual gross farm sales.

If your answer is "No" to both questions 4 and 5, then you are not eligible to participate in this program

<p>4 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>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>5. 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>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Section 3 - Reason(s) for participating in the Business Development Program: Agri-Skills**

Check any and all of the following objectives which agree with your reason for participating in this program.

To learn knowledge/skills to:

- improve farm profitability
- improve the safety and quality of farm food production
- enhance environmentally-responsible production
- take advantage of new market opportunities
- other (specify) \_\_\_\_\_

#### Section 4 - Declarations and Consent to Use Personal Information

By submitting this form for benefits under the Growing Forward 2 Programming, I:

- 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 Holland College (who is co-delivering this program) and 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 Holland College and 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 2 Framework and Bilateral Agreements
- agree to participate in an evaluation and/or audit of the program
- declare that I am not currently receiving Employment Insurance Part 2 benefits for skills development training
- declare that I have been out of the regular school system (high school or other) for two years preceding this application
- 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) is collected under the authority of the *Income Tax Act* for the purposes of reporting income
- acknowledge that my completing this application form and my receiving advice from PEIDAF or other Growing Forward 2 Program delivery agent does not oblige PEIDAF, Holland College or other delivery agents to provide funding
- understand that expenses incurred prior to the approval of the individual learning plan are not eligible for assistance under this program.
- consent to the public release of my name, the amount of funding received, and the general nature of the project.

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

#### Section 5 - Submitting the Application

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

Business Development Program: Agri-Skills  
PEI Department of Agriculture and Fisheries  
PO Box 2000, 5<sup>th</sup> Floor Jones, Charlottetown, PE C1A 7N8  
Telephone: (902) 314-1110 Fax: (902) 368-4857  
Email: ceyounie@gov.pe.ca

Date Application Received (Office Use Only)

Date Application Completed (Office Use Only)

Date Application was Approved (Office Use Only)