

BUSINESS DEVELOPMENT PROGRAM APPLICATION FORM

Training and Organizational Development

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 Application

- A. Group Training for Farmers
 B. Strategic Planning
 C. Training for Executives

Section 2 – Detail on Proposal

Proposal Title:

Number of Farmers Expected to Participate (required ONLY for A. Group Training for Farmers):

Business Development Focus Area (check only one):

- | | | |
|---|--|---|
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Social Responsibility | <input type="checkbox"/> Business Structure |
| <input type="checkbox"/> Production | <input type="checkbox"/> Succession Planning | <input type="checkbox"/> Business Goals |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Strategic Planning |

Expected Start Date:

Estimated Cost:

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

Please ensure that the proposal includes the following:

- Proposal describing the following:
- Detailed description
 - learning objectives and processes, lesson plans (required for A. Group Training for Farmers and C. Training for Executives)
 - budget
 - time lines
- Instructor's or Consultant's resumes

Section 3 - 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 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 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
- 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 or other Growing Forward 2 Program delivery agent does not oblige PEIDAF or other delivery agents to provide funding
- understand that expenses incurred prior to the approval of the application are not eligible for assistance under this program.
- consent to the public release of my/our 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 Signing Officer
(Please print)

Signature of Signing Officer *

Date

**In the case of C. Training for Executives, the signature must be a signing officer other than the participant.*

Section 4 - Submitting the Application

Please submit completed application form or direct inquiries to:

Business Development Program: Training and Organizational Development

PEI Department of Agriculture and Fisheries

PO Box 2000, 5th 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)