

Future Farmers wishing to access interest rebate, reimbursement for business risk management coverage and analytical laboratory testing reimbursement must have a completed business plan with projections of at least \$15,000 in annual gross farm sales by the end of the third year. *Special consideration for the \$15,000 in sales will be given to those individuals who are in a sector that requires a longer development phrase.* **NOTE: This application must be approved prior to hiring the consultant or beginning the work on your business plan.**

Last Name:	
First Name:	Middle Name:
Corporation Name (if applicable):	
Address (including postal code):	
Telephone #:	
FUNDING OPTIONS:	
<p>There are two funding options available for Business Planning, please indicate which option you are applying for:</p> <p><input type="checkbox"/> Hiring a professional consultant who will assist with the development of a business plan for your farm. The plan must include three years of projections. Funding is available at 100% to a maximum of \$4,500.</p> <p>Participants are responsible to select a qualified consultant* of their choice and must provide with this application:</p> <ul style="list-style-type: none"> - a statement from the consultant that clearly demonstrates the work that will be undertaken - a start and an end date for development of the plan - Cost and hours of work required <p><i>*If you decide to select a consultant who does not have a professional designation, you must consult with your Future Farmer Advisor.</i></p> <p><input type="checkbox"/> Writing your own business plan for your farm including three years of projections. A Future Farmer choosing this option must have received training in preparing business plans. Funding is available to a maximum of \$600. <i>Please note that the plan will be reviewed and must be approved by your Future Farmer Program Advisor prior to payment.</i></p>	
CONFLICT OF INTEREST STATEMENT:	
<p>To the best of my knowledge and belief, I am involved in no situation or action that might be regarded as a potential conflict of interest with the consultant. _____ (initials of the Future Farmer)</p>	
FOR OFFICE USE ONLY	
Effective Start Date (<i>Date complete application received</i>): _____	
Signature of Future Farmer Advisor: _____	
Date Received by the Business Development Program Lead: _____	

**REIMBURSEMENT FORM
PART TWO**

A copy of the Business Plan must be submitted with this reimbursement form.

Please indicate if the cheque is to be made payable to:

Applicant

Corporation Name

Details of Expenses (HST is not eligible for reimbursement).

Receipt Detail	Actual Cost
Note: Costs must be supported by receipts	TOTAL

Applicant Declaration and Signature

An applicant by submitting a claim:

- certify that all the information provided is complete and correct.
- certify that the actual costs listed above were incurred.
- 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.

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, Business Development Program Lead.