

**Small Ruminant Enhancement Project**

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 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.

Applicant's Full Name (Include middle name):	
Business/Farm Name (if applicable):	
Make Payment to	<input type="checkbox"/> Applicant Name <span style="margin-left: 200px;"><input type="checkbox"/> Business Name</span>
Full Mailing Address (Include Civic # and Road)	
Postal Code:	

If you are interested in direct deposit, please contact the Program Manager listed on this form.

**Please list each expenditure (Attach Invoices and proof of payment)**

Item Description	Name of Supplier	Amounts (Less GST/HST)	Office Use Only
For additional lines see next page		Total Expenditures	

<p><b>Applicant's Certificate:</b> I certify that the above amounts, supported by the attached documents, are for work performed or material purchased or leased in accordance with the terms and conditions of the Program.</p> <p>_____</p> <p><b>Signature</b>    <b>Date</b></p>	<p><b>PEI Department of Agriculture and Fisheries Official:</b> I have reviewed the expenditures being claimed above, and they are in accordance with the terms and conditions of the Program. I recommend the claim for payment.</p> <p>_____</p> <p><b>Signature</b>    <b>Date</b></p>
Office Use Only	File #:
Dollars Approved for Project \$: _____	Dollars Approved for this Claim \$: _____
Claim # _____ of _____	Invoice #
Authorization	Date: _____ Account #
Note: Supporting documentation is filed in the office of the Program Manager	

**Please list each expenditure (Attach invoices and proof of payment)**

Submit completed form to:

PEI Department of Agriculture and Fisheries, PO Box 2000, 5<sup>th</sup> Floor Jones, 11 Kent Street, Charlottetown, PEI C1A 7N8  
 Attn: Lynda MacSwain Tel: (902) 368-4815 Fax: (902) 368-4857





*Your partner for a proactive and profitable agriculture community.*

**Additional Items: Please list each expenditure (Attach invoices and proof of payment)**

Item Description	Name of Supplier	Amounts (Less GST/HST)	Office Use Only
	Total Expenditures		