CLAIM FORM

5.2 AGRICULTURE AWARENESS SUB-PROGRAM

Personal information is collected under Section 31(c) of the *Freedom of Information and Protection of Privacy Act* R.S.P.E.I. 1988, Cap. F-15.01 as it relates directly to and is necessary for the Promoting Agriculture Awareness and Public Trust Program being delivered as part of the Canada - Prince Edward Island Sustainable Canadian Agricultural Partnership 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. Recipients of funding under the Promoting Agriculture Awareness and Public Trust Program consent to the public release by Canada of their name, the amount of funding received, and the general nature of the project.

Project Title:						
Applicant Name (including middle name)						
Outroping tion / Dusing a different Name (if applicable)						
Organization/Business/Farm Name (if applicable)						
Email						
Phone Number			Alt. Phone Number			
Mailing Address						
City/Town/Village						
Province			Postal Code			
Make Payment to:	t to: ☐ Applicant's Name		□ Business Name			
Please list each expenditure and attach invoices AND proof of payment.						
Item Description Name of Supplie						
		типо столири.	· ·		(1000	
For additional angular plants are a page 2. Total Funand			itures \$			
					of Agricultur	ro Official
I certify that the above noted amounts, supported by the			PEI Department of Agriculture Official I have reviewed the expenditures of this claim, and they			
attached documents, are for work performed or material			are in accordance with the terms and conditions of the			
purchased or leased in accordance with the terms and conditions of the Program. Program. I recommend the claim for payment.						
Signature		Date		Signat	ture	Date
Office Use Only						
Dollars approved for project			Dollars	Dollars approved for this claim		
Claim #			Invoice	e #		
Authorization of:						
Date Account #						
Note: Supporting documentation is filed in the office of the Program Manager						
Submit completed claim form, invoices, and proof of payment to the attention of the: Program Officer PEI Department of Agriculture, 11 Kent Street, PO Box 2000, Charlottetown PE C1A 7N8						
Telephone: (902) 368-4880 agawareness@gov.pe.ca						

1

Additional claim items: Please list each expenditure and attach invoices AND proof of payment.

| Item Description | Name of Supplier | Amounts (less HST) | Office of the payment of the Office Use Only