## **CLAIM FORM**

## 4.3 ORGANIC INDUSTRY DEVELOPMENT 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 Organic Industry Development 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 Organic Industry Development Program consent to the public release by Canada of their name, the amount of funding received, and the general nature of the project.

Project little:							
Applicant Name (including middle name)							
Organization/Business/Farm Name (if applicable)							
Email							
Phone Number				Alt. Phone Number			
Mailing Address							
City/Town/Village							
Province				Postal Code			
Make Payment to:	☐ Applicant's Name			☐ Business Name			
•		ttach invoices AND pro					
Item Description		Name of Supplier		Amounts (less HST)	Office Use Only		
For additional space please use page 2 Total Expend			litures \$				
Applicant's Certificate:				PEI Department of Agriculture Official			
I certify that the above noted amounts, supported by the attached documents, are for work performed or material				I have reviewed the expenditures of this claim, and they are in accordance with the terms and conditions of the			
		e with the terms and	Program. I recommend the claim for payment.				
conditions of the Program.							
Signatur	<u>е</u>	Date		Signature	Date		
Office Use Only							
Dollars approved for project			Dollars approved for this claim				
Claim #			Invoice	e #			
Authorization of:				,			
Date			Accou	int #			
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: <b>Program Officer</b> PEI Department of Agriculture, 11 Kent Street, PO Box 2000, Charlottetown PE C1A 7N8							
Telephone: (902) 368-4880 organic@gov.pe.ca							

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

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