



Project Application Form

Established by the Prince Edward Island Department of Agriculture, Fisheries and Forestry - 1996

Instructions:

- Please type or print.
- Answer questions completely and provide appropriate attachments. If approved this application becomes part of a contract.
- All information provided will be kept confidential.
- Retain a copy for your records.
- An instruction sheet is available to assist you in completing the application.

Program Officer	PPLICATION OR DIRECT IN	QUIRIES TO:	FOR OFFICE USE ONLY		
PEI Aquaculture and Fisheries Department of Agriculture, Fi P.O. Box 2000, Charlottetown	sheries and Aquaculture	Project	Number:		
Ph: (902) 368-5790 Fax: (902) 368-5542 Email: <u>afri@gov.pe.ca</u>		Date of	Receipt:		
 PROGRAM - Under which program is the application being submitted. Aquaculture Research Commercial Fisheries Research Processing Research Partners 					
2. PRINCIPAL APPLICA	NT:				
Contact Per	son:				
Mailing Addre	SS:				
Pho	one:				
]	Fax:				
Em	ail:				
3. CO-APPLICA (If Applicat					
Contact Per	son:				
Mailing Addre	SS:				
Ph	one:				
]	Fax:				
En	nail:				
4. PROJECT TITLE (Br	ief):				
5. AMOUNTS REQUESTED FROM AFRI (Totals requested in question 14):					
Year 1	Year 2	Year 3	Total		
\$	\$	\$	\$		

6. **PROJECT BACKGROUND**

Provide an overview of previous research conducted on the research topic, including literature reviews.

7. **PROJECT OBJECTIVES**

Short description.

8. JUSTIFICATION

Provide information on the problem(s) to be solved.

9. IMPACTS

Describe the potential economic and environmental impacts, as well as, the potential commercial application of the project results.

10. PROJECT DESIGN

Describe the approach planned to accomplish project objectives.

11. MILESTONES

List the major stages of the project and give the expected completion dates.

12. COMMUNICATION OF RESULTS

Outline the plan for communicating results. Provide an outline of the headings to be included in the final project report.

13. **RESUME(S)**

Provide brief resumes indicating the ability of your investigators to do the proposed work.

14. BUDGET REQUIREMENTS

Application Budget Worksheet:

I. Expenditures

Using the attached budget worksheet, provide an annual breakdown of all project expenses (eligible and ineligible) including salaries, equipment, professional/consulting fees, rental costs, travel, materials and supplies and other.

II. Revenues

Using the attached budget worksheet, provide an annual breakdown of funding - applicants, AFRI, other(s). Please specify cash and "in kind" sources and if funding has been "received" or "applied for".

15. EXTERNAL REVIEW

If the project budget is over \$20,000.00 please suggest the names for two possible external proposal reviewers.

16. APPLICATION SIGNATURE REQUIREMENT

I certify that the information given in this application is to the best of my knowledge and ability, complete, true and correct.

Signature of authorized signing officer:

Title:

Date:

Personal information on this form is collected under section 31(c) 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 administration of the Aquaculture and Fisheries Research Initiative and will be used for determining eligibility for program assistance and maintaining program data. If you have any questions about this collection of personal information, you may contact the AFRI Program Officer:

PEI Department of Agriculture, Fisheries and Aquaculture
Fisheries and Aquaculture Division
P.O. Box 2000, Charlottetown, PE, C1A 7N8
Telephone: (902) 368-5790
Fax: (902) 368-5542
Email: afri@gov.pe.ca

PROJECT BUDGET WORKSHEET

For Fiscal Year 200_/200_

EXPENDITURES		REVENUES							
Budget Items/Details	Projected Expenditure	Applicant		Co-Applicant		AFRI	Other Contributing Partners		
		Cash	In-kind	Cash	In-kind	Cash	Source	Cash	In-kind
Total	\$	\$	\$	\$	\$	\$		\$	\$

SUMMARY	Dollars	Percentage
Total requested from AFRI	\$	
Total amount of applicants cash contribution	\$	
Total amount of applicants in-kind contribution	\$	
Total amount of co-applicants cash contribution	\$	
Total amount of co-applicants in-kind contribution	\$	
Total amount of partners cash contribution	\$	
Total amount of partners in-kind contribution	\$	
Total Cost of Project	\$	

CONTRIBUTING PARTNERS		
Name of Funding Source	Applied For Y/N	Received Y/N

NOTE: A separate budget worksheet for each fiscal year is required.