



CANADIAN AGRICULTURAL SKILLS SERVICE (CASS) APPLICATION FOR FUNDING



**FOR ASSISTANCE IN COMPLETING THIS APPLICATION
PLEASE REFER TO THE CASS APPLICATION GUIDE
"HOW TO APPLY FOR FUNDING" OR CALL 1 (866) 734-3276.**

Protected B - Personal Information

Section 1 - Applicant Information		For Office Use Only - File No.		
FORMER PARTICIPANTS				
1. If you have received funding under this program in the past, please provide the following information:				
(a) Year(s) you received funding:		(b) Province/Territory in which funding was received:		
(c) Reason for re-applying:				
APPLICANTS				
2. In which official language would you like to be served? <input type="checkbox"/> French <input type="checkbox"/> English				
3. Please provide the following contact information:				
First name	Initial(s)	Last Name	Social Insurance Number	
Street Address				
Village/Town/City	Province	Postal Code	E-Mail address	
Telephone No.	Alternate Telephone No.		Fax No.	
Farm Business / Organization Name (if applicable)			Business/GST Number	
Name and Title of Signing Officer of the Farm Business / Organization (if applicable)			Telephone No.	
4. Please indicate the type of commodity you produce in your farm business:				
<input type="checkbox"/> Beef	<input type="checkbox"/> Other Animals	<input type="checkbox"/> Other Poultry	<input type="checkbox"/> Fruit	
<input type="checkbox"/> Hog	<input type="checkbox"/> Dairy	<input type="checkbox"/> Vegetable	<input type="checkbox"/> Grain and/or oilseeds	
<input type="checkbox"/> Sheep and/or Goat	<input type="checkbox"/> Poultry and Egg	<input type="checkbox"/> Greenhouse Nursery	<input type="checkbox"/> Other	
Section 2 - Eligibility Information				
Please see the application guide "How To Apply for Funding" (section called "Who can participate in CASS?"). If you require more information, please contact your local CASS Delivery Agent at 1-866-734-3276.				
Note: If you are a member of a corporation, partnership, cooperative, or other association of persons engaged in commercial agricultural production, you must have at least a 20% share in the organization, be actively involved in its daily operations, and qualify on the basis of personal or family income as applicable.				
5(a) As an established producer, do you generate a minimum of \$10,000 in annual gross farm sales?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Or				
5(b) If you are a beginning farmer (i.e. you intend to farm or you have been operating a farm for less than 6 years), can you demonstrate that you will have at least \$10,000 in annual gross farm sales?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you been out of secondary school for at least two years?			<input type="checkbox"/> Yes	<input type="checkbox"/> No



Section 3 - Income Information for Benefit Determination

Income of applicants will be verified through the applicant's most recent Notice(s) of Assessment from the Canada Revenue Agency.

Applicant Category	Family Income (or Personal Income, if not a member of a farm family)
7(a) Beginning Farmer	Preceding taxation year: \$
7(b) Spouse of Beginning Farmer	Preceding taxation year: \$
8(a) Established Producer	Average annual personal or family income over the preceding three years: \$
8(b) Spouse of an Established Producer	Average annual personal or family income over the preceding three years: \$
9(a) Member of a corporation, partnership, cooperative, or other association of persons engaged in commercial agriculture with a minimum 20% share in the enterprise.	Average annual personal or family income over the preceding three years: \$
9(b) Spouse of a member of a corporation, partnership, cooperative, or other association of persons engaged in commercial agriculture with a minimum 20% share in the enterprise.	Average annual personal or family income over the preceding three years: \$

If applying as the spouse of a producer or beginning farmer, please provide the following information about your spouse.

10. First name	Initial(s)	Last Name	Social Insurance Number
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Section 4 - Reason(s) for CASS Participation

11. Check any and all of the following objectives which agree with yours.

To learn knowledge/skills to:

- (a) improve farm profitability
- (b) improve the safety and quality of farm food production
- (c) enhance environmentally-responsible production
- (d) take advantage of new market opportunities resulting from recent scientific research
- (e) earn off-farm income to supplement farm income
- (f) develop off-farm income options
- (g) other (specify) _____

Section 5 - Declarations and Commitment

I declare that:

- I am not currently receiving Employment Insurance benefits to support training.

Furthermore,

- I certify that all the information provided on this application is true and correct in every respect.
- I am willing to provide, upon request, any documentation necessary for eligibility verification.
- I understand that failing to comply with all application requirements may delay the processing of the application, or may render me ineligible for receiving assistance under the program.
- I understand and agree that the social insurance number (SIN), the business number (BN), and the goods and services tax (GST) number are collected under the authority of the Income Tax Act for the purposes of reporting income.
- I authorize Agriculture and Agri-Food Canada (AAFC), the Prince Edward Island Department of Agriculture, Fisheries, and Aquaculture, (DAFA), and Holland College Assessment and Counselling Service to collect the information contained on, with, or pursuant to this application, including but not limited to personal information. Any or all of these parties may use the information to verify and/or assess the application, as well as to administer, audit, analyze, and evaluate the CASS program. Subject to the parties authorized under this clause, the personal information provided will be protected under the provisions of the federal Privacy Act and other applicable privacy legislation and the provisions of the federal Access to Information Act and any other applicable access to information legislation.
- I acknowledge that my completing this application form and my receiving advice from AAFC or other CASS delivery agent does not oblige AAFC or other CASS delivery agent to provide funding.
- I understand and agree that access to CASS benefits necessarily involves my participation in an appropriate assessment process to determine my current interests, skills and abilities profile and in the development of a realistic, achievable Individual Learning Plan (ILP).
- I further acknowledge and agree that approval of this application by AAFC or other delivery agent will require that I enter into an agreement with AAFC or other CASS delivery agent which will set out the terms and conditions for financial support under the program.

Applicant Signature

Date

MAIL OR FAX YOUR COMPLETED, SIGNED APPLICATION TO:

CASS Program in PEI
 c/o Farm Business Management Specialist
 Prince Edward Island Department of Agriculture, Fisheries, and Aquaculture
 41 Wood Islands Hills
 P.O. Box 1500
 Montague, PE COA 1R0
 Tel. (902) 838-0626
 Fax (902) 838-0624