



## **CANADIAN AGRICULTURAL SKILLS SERVICE (CASS) APPLICATION FOR FUNDING**

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**Protected B - Personal Information** 

FOR ASSISTANCE IN COMPLETING THIS APPLICATION PLEASE REFER TO THE CASS APPLICATION GUIDE "HOW TO APPLY FOR FUNDING" OR CALL 1-888-887-7977								
Section 1 - Applicant Information			For Office	Use Only - File	No.			
Note: Applications are accepted only from individuals.  Corporations, partnerships, cooperatives, or other associations of persons engaged in commercial agricultural production, are limited to 5 participants and their spouses (total 10).								
1. Have you applied for the Canadian Farm Families Options Program?								
2. In which official language would you like to be served?								
3. If you have received funding under the CASS 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			1					
4. Marital Status ☐ Single ☐	Married / Commo	n Law						
5. Please provide the following contact								
First name	nitial(s)	Last Name Social In		surance Number				
Mailing Address/P.O. Box No./Street Address Rural Municipality or County (if			(if applicable)					
Village/Town/City	Province		Postal Code		E-Mail add	ress		
Telephone No.	Alternate Telephone	No.		Fax No.				
Name of Farm Business or Organization Name	(if applicable)			Business/GST Number				
Name and Title of Signing Officer of the Farm Business / Organization (if applicable)			)	Telephone No.				
Hog	odity you produce ther Animals airy and Egg	(check one [ [ [	e):  Other Poultry Vegetable Greenhouse N	ursery		uit ain and/or oilseeds her		
<ul> <li>Section 2 - Eligibility Information</li> <li>Please see the application guide "How To Apply for Funding" (section called "Who can participate in CASS?"). If you require more information, please contact a CASS delivery agent, at 1-888-887-7977.</li> <li>7. If you are applying as the spouse of an established producer or a beginning farmer, please provide the following</li> </ul>								
information about your spouse.	nitial(s)				surance Number			
8. Are you receiving Employment Insurance Part 2 benefits for skills development training?  If "Yes", discontinue completing this form and discuss your situation with your Delivery Agent.					□Yes □No			



Note re. 9(a) and 9(b) Documentation will be required to dem Note re. 9(a), 9(b) and 10. If your answer is "No" to either 9(a completing this form and discuss your situation with your Deliv	a) or 9(b) or to item 10 (below), discontinu	e			
9(a) If you are, or your spouse is, an established farmer, does you or your spouse are a member) generate at least \$10,0	Yes □ No□				
Or					
9(b) If you are, or your spouse is, a beginning farmer (i.e. you i operating a farm for less than 6 years), can you demonstr will have at least \$10,000 in annual gross farm sales?	Yes □ No□				
10. Have you been out of secondary school for at least two year	Yes □ No□				
Section 3 - Income Information for Benefit Determin must be no more than \$45,000. However, if you are a beginnin for skills assessment and individual learning plan development Notice(s) of Assessment (NOA) from the Canada Revenue Agnoa(s) must be submitted with your Application. See Guid	ng farmer with net family income over \$45, t services. Your Income will be verified throency and/or other information as necessarde for more details.	000, you are eligible ough your most recent ry. <b>The applicable</b>			
Applicant Category	Net Family Income (or Personal Income, if not a member of a farm family)				
11(a) Beginning Farmer	Preceding taxation year:	\$			
11(b) Spouse of Beginning Farmer	Preceding taxation year:	\$			
12(a) Established Producer	Average annual net family income over the preceding three years:	\$			
12(b) Spouse of an Established Producer	Average annual net family income over the preceding three years:	\$			
13(a) Member/shareholder of a corporation, partnership, cooperative, or other association of persons engaged in commercial agriculture.	Average annual net family income over the preceding three years:	\$			
13(b) Spouse of a member/shareholder of a corporation, partnership, cooperative, or other association of persons engaged in commercial agriculture.	Average annual net family income over the preceding three years:	\$			
Section 4 - Reason(s) for CASS Participation					
14. Check any and all of the following objectives which agree to learn knowledge/skills to:	with yours.				
(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 resultin	g from recent scientific research				
(e) ☐ earn off-farm income to supplement farm income					
(f) ☐ develop off-farm income options					
(g)	requirements				
(h) ☐ other (specify)					

## Section 5 - Declarations and Commitment

I declare that:

- I am not currently receiving Employment Insurance Part 2 benefits for skills development training.
- 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), Saskatchewan Agriculture and Food, and/or other Canadian Agricultural Skills Service (CASS) delivery agents 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 specifically 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 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:

Mail to:
CASS Program
Saskatchewan Agriculture and Food
Room 329, 3085 Albert Street
Regina, Saskatchewan S4S 0B1
or Fax to 306-787-9623

A Renewal Specialist will call you to discuss your application.

<sup>\*</sup> Please ensure that you have enclosed or attached required evidence of annual gross farm sales as indicated in Section 2 and the Canada Revenue Agency Notices of Assessment (NOAs) of both yourself and your spouse/common-law partner for the most recent 3 years, or for the last 1 year, as applicable to established or beginning farmers as detailed in Section 3 and in the Guide. Without this documentation, your application is not complete and your eligibility cannot be determined.