CLAIM FORM 4.4 STRATEGIC INDUSTRY GROWTH INITIATIVE

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 Strategic Industry Growth Initiative 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 Strategic Industry Growth Initiative 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)							
Organization/Busin	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					

Please list each expenditure and attach invoices AND proof of payment.									
Item Description			Name of Supplier		Am	ounts (less HST)	Office Use Only		
For additional space please use page 2 Total Expenditures \$									
Applicant's Certificate: I certify that the above noted amounts, supported by the attached documents, are for work performed or material purchased or leased in accordance with the terms and conditions of the Program.					PEI Department of Agriculture Official I have reviewed the expenditures of this claim, and they are in accordance with the terms and conditions of the Program. I recommend the claim for payment.				
	Signature	9		Date		Si	gnature	Date	
Office Use Only									
Dollars approved for project		Dollars approved for this claim							
Claim #	laim #				Invoic	e #			
Authorization of:									
Date			Accou	nt #					
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			SIGI@gov.pe.ca						

Item Description	Ise list each expenditure and Name of Supplier	Amounts (less HST)	Office Use Only