CLAIM FORM

5.4 ISLAND COMMUNITY FOOD SECURITY 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 Island Community Food Security 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 Island Community Food Security Program 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/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	Amounts (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.

_____ _____
Signature **Date**

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 **Date**

Office Use Only

Dollars approved for project		Dollars approved for this claim	
Claim #		Invoice #	
Authorization of:			
Date		Account #	

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 foodsecurity@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