

Agriculture Skills Development Proposal ASD-01

Applicant must meet the program eligibility criteria and adhere to all program terms and conditions and project claim submission deadlines to qualify for cost share.

All cost-share funds are available on a first come, first served basis, up to the available annual funds of each year of the program.

Please complete this entire form and submit along with the Project Application (PPA) TO OSCIA Guelph. Note: Eligible training expenses can be reimbursed up to 50% to a maximum of \$3,000.

Instructions: This form is divided into four parts. The first three parts correspond to the three types of training that could be eligible under the ASD program; Part A refers to any training identified on the ASD Eligible List, Parts B and C relate to training that needs to be assessed for eligibility. Eligible costs include tuition/registration fees, required books or manuals, and travel costs.*

*Note: travel costs must be supported by transit fare calculations or with Mapquest/Google maps if claiming mileage (current rate is \$0.46/km)

FARM OPERATION OR SIGNING AUTHORITY NAME(S)	FBRN NUMBER

PART A - COURSES OR TRAINING EVENTS ON THE ASD ELIGIBLE LIST

This training includes any courses, workshops, conferences etc. identified on the current version of the list found at: www.ontariosoilcrop.org

NAME OF TRAINING PARTICIPANT	COURSE OR TRAINING EVENT NAME	CODE	NAME(S) OF TRAINING PROVIDER (company or institution)

Tuition Costs	Cost of Training Materials	Estimated Travel Costs	Total Costs (Part A only)
\$ +	\$ +	\$	\$

PART B - COURSES OR TRAINING EVENTS NOT ON THE ASD ELIGIBLE LIST

This training includes any courses, workshops, conferences etc. that are not on the list. Please describe the proposed training by completing the information below:

Method of Training (check all that apply): Conference Correspondence Online Workshop Other

Name of Training Participant	Name of Course or Training Event
Dates of Course or Training Event	Location of Course or Training Event
Name of Training Provider (Company or Institution)	Training Provider Contact Person Name, Phone Number and Email Address

Tuition Costs	Cost of Training Materials	Estimated Travel Costs	Total Costs (Part B only)
\$ +	\$ +	\$	\$

Supporting information – for the above course or training event, provide a description, as provided by the training provider (agenda/course outline and/or brochure). Indicate whether hard copy provided or information is available online.

hard copy or information is attached

OR if this information is available online, the web address is:

PART C - CUSTOM ONE-ON-ONE TRAINING

This training includes on-the-job training, job shadowing, self-directed learning, coaching, mentoring, etc. NOTE: Eligible costs include cost to pay the trainer, training resources (e.g. books, Multimedia CD Rom) and travel costs. **There is a maximum of \$500 on this type of training.**

Method of Training (check the most appropriate):

Job Shadowing
 Self Directed Learning
 Coaching / Mentoring
 Other

Participant's Name _____ Participant's Phone Number _____

Trainer's Name _____ Trainer's Phone Number _____

Trainer's Mailing Address _____ Trainer's Email Address _____

Description of One-on-One Training Activity - provide on a separate page- please provide a complete description of the following:

1. What are the learning objectives? What do you hope to learn?
2. How will this learning experience enhance the value of the farm business and how does it relate to your goals and action plan?
3. What are the timelines? When will the learning experience be completed?
4. Where will the training take place?
5. How will this learning experience be achieved?
6. What are the qualifications of the trainer?
7. What are the costs (training, resource material and all travel costs)?

Training Cost	Training Resources	Estimated Travel Costs	TOTAL COSTS (Part C Only)
\$ _____	+ \$ _____	+ \$ _____	= \$ _____

PART D: TOTAL COST SUMMARY

PART A	PART B	PART C	TOTAL
\$ _____	= \$ _____	+ \$ _____	= \$ _____

DECLARATIONS AND SIGNATURES

I, the authorized signing authority of the farm business, agree to the proposed training opportunities as listed above and authorize the course participant name(s) as indicated. I understand that training expenses incurred prior to project approval from OSCIA Guelph may not be eligible.

Authorized Farm Signing Authority (please print) _____ Signature _____ Date _____

OMAFRA Sign-off _____ OSCIA Sign-off _____

RETAIN A COPY FOR YOUR RECORDS
 Mail original copies of the Project Application and Proposal to:
Ontario Soil Crop Improvement Association
1 Stone Road West, 1st Floor
Guelph, ON N1G 4Y2