

About the Agriculture Skills Development component

The Agriculture Skills Development (ASD) component provides funding for farm related training, and leadership and governance training. An established farm business may be eligible for cost-share funding up to 50% of the ASD cost to a maximum of \$6,000. A new farm business may be eligible for cost-share funding up to 75% of the ASD cost to a maximum of \$9,000.

For complete information on the ASD component, see page 9 of the Business Development for Farm Businesses (BDFB) *Program Guide*.

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

Your project must be complete and the claim form received by OSCIA Guelph by the claim submission deadline.

How to apply

You can get help to fill in the application from your local Ontario Soil and Crop Improvement Association (OSCIA) workshop leader or OSCIA at 1-800-265-9751.

Before you send in the application:

1. Select the program year that you are applying for in Part A.
2. Provide all the information required in Parts B, C and D of this form.
3. Provide a completed training activity sheet for each separate training activity.
4. If you are applying for one-to-one training (ASD-02), complete Part E of this form.
5. Have the person who is the signing authority for your farm business sign Part F of this form.


OSCIA can only consider complete applications.

Part A What program year are you applying for? Choose one option below.

Option	Claim Submission Deadline	Select Option
2011 program year three	January 15, 2012	<input type="checkbox"/>
2012 program year four	January 15, 2013	<input type="checkbox"/>

If you do not select a program year OSCIA will approve your project under 2012 program year four.

Part B Applicant information

Farm business name	
Farm business registration number (FBRN)	
Contact name	
Contact telephone number	
Workshop leader name	
OSCIA file number (if you know it)	
Is your primary commodity livestock or poultry? If yes: Attach copy of premise identification number (PID) certificate if you have not sent it in before.	<input type="checkbox"/> Yes <input type="checkbox"/> No 

OFFICE USE ONLY

Project number	BD
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Part C Are you applying for any other funding for this project? Yes No

If you will receive funding from other government or industry programs for this project, you must fill in the box below.

Other Expected Sources of Funding for this Project	
Name of government or industry funding program	Amount (\$)

Part D What kind of training activities do you want? (See page 9 of the *Program Guide* for details.)

You may choose from:

- ASD-01 training (classroom, online course, conference, workshop)
- ASD-02 one-to-one training (coaching, mentoring)
- ASD-03 leadership and governance training (classroom, online course, conference, workshop)

For each training activity, complete a training activity sheet on the following page.

If you choose a one-to-one training activity (ASD-02), you must also complete Part E of this form.

For examples of previously approved training activities go to www.ontariosoilcrop.org/en/bdfbresources

Training Activity # 1 – Complete one sheet for each training activity.

a) What type of training activity is this? Choose one.

ASD-01 training (classroom, online course, conference, workshop)	<input type="checkbox"/>
ASD-02 one-to-one training (coaching, mentoring)	<input type="checkbox"/>
ASD-03 leadership and governance (classroom, online course, conference, workshop)	<input type="checkbox"/>

b) Provide specific information about the training activity:

Name of training activity	
Name of training provider	
Date of training	
Participant name(s)	
Tuition cost (\$)	
Materials cost (\$)	
Estimated kilometers for one round trip	
Number of round trips	
Travel cost (kilometers X # of round trips X \$0.46) =	
Other travel costs if applicable:	
• airfare	
• taxi	
• parking	
Other	
Total estimated costs	

NOTE: Accommodations and meals are not eligible expenses.

c) Supporting information for travel costs

Full address of starting point for travel including 911 number and postal code	
Full address of end point for travel including 911 number and postal code	

NOTE: OSCIA Guelph will use Google Maps or MapQuest to confirm the travel cost estimate.

d) For ASD-01 and ASD-03 only: provide required supporting information

Please attach printed information that gives a complete description of this training activity (for example: agenda/course outline/brochure).

I have attached supporting information.



NOTE: OSCIA may ask for additional information about the training activity.

If this training activity is one-to-one training (ASD-02), you must complete Part E.

Training Activity # 2 – Complete one sheet for each training activity.

a) What type of training activity is this? Choose one.

ASD-01 training (classroom, online course, conference, workshop)	<input type="checkbox"/>
ASD-02 one-to-one training (coaching, mentoring)	<input type="checkbox"/>
ASD-03 leadership and governance (classroom, online course, conference, workshop)	<input type="checkbox"/>

b) Provide specific information about the training activity:

Name of training activity	
Name of training provider	
Date of training	
Participant name(s)	
Tuition cost (\$)	
Materials cost (\$)	
Estimated kilometers for one round trip	
Number of round trips	
Travel cost (kilometers X # of round trips X \$0.46) =	
Other travel costs if applicable:	
• airfare	
• taxi	
• parking	
Other	
Total estimated costs	

NOTE: Accommodations and meals are not eligible expenses.

c) Supporting information for travel costs

Full address of starting point for travel including 911 number and postal code	
Full address of end point for travel including 911 number and postal code	

NOTE: OSCIA Guelph will use Google Maps or MapQuest to confirm the travel cost estimate.

d) For ASD-01 and ASD-03 only: provide required supporting information

Please attach printed information that gives a complete description of this training activity (for example: agenda/course outline/brochure).

I have attached supporting information.



NOTE: OSCIA may ask for additional information about the training activity.

If training activity # 2 is one-to-one training (ASD-02) you must complete Part E.

If you want to apply for additional training activities please photocopy this page, complete it and attach it to the application.

Part E Description of custom one-to-one training (ASD-02)

If you want to do one-to-one training you must complete this sheet and attach it to your application. Provide as much information as needed to give OSCIA a clear picture of the proposed training. Use additional pages if necessary. OSCIA requires detailed information to decide whether it can approve this training activity as an eligible expense. Contact OSCIA if you have questions about the information required.

Ask your training provider to help answer these questions.

1. What do you hope to learn from the training activity (the learning objectives)?

2. How does this learning relate to your business goals and action plan?

3. How will this learning enhance the value of your farm business?

4. What are the dates for starting and ending the training?

_____ to _____

5. Where will the training take place?

6. What are the trainer's qualifications? Please have your training provider answer this question describing his or her education and experience in providing this kind of training.

Part F Farm business declaration and signature

By signing this application form, the signing authority of the farm business confirms all of the following statements:

1. Training activities and participants
 - I agree to the proposed training activities listed in the application.
 - I authorize the people listed as participants to take part in the training activities indicated.
2. True and complete information
 - I certify to Canada, the Province of Ontario and OSCIA that the information in the application and its supporting documents is true and complete.
3. Program terms and conditions
 - I have read and understand the terms and conditions attached to the application and will follow them completely.



Name of signing authority
(from Part A of the Growing Forward Program enrollment form)

Signature

Date

Next Steps

1. Double check the application to make sure it is complete. Have you provided all the information needed in Parts A, B, C and D?
2. Have you attached a separate training activity sheet for each training activity?
3. If you are applying for one-to-one training, have you completed Part E?
4. Has the signing authority for your farm business signed Part F of the application?
5. Have you made a copy of your application and all the supporting documents for your records?
6. Send the original copy of the application form and all other supporting documents to:

Ontario Soil and Crop Improvement Association
1 Stone Road West, 1st Floor
Guelph, Ontario N1G 4Y2

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OSCIA Provincial Office Approval

Conditional

Date

Full

Date

TERMS AND CONDITIONS

1. I understand that the Project application form(s) and supporting material provided to OMAFRA or OSCIA may be subject to disclosure under the *Freedom of Information and Protection of Privacy Act* (Ontario) or the *Access to Information Act* (Canada) or pursuant to an order of a court or tribunal or pursuant to a legal proceeding.
2. I represent, warrant and covenant that all information provided in support of this request for funds, including information relating to any eligibility requirements, is true and complete.
3. I acknowledge that Canada-Ontario Farm Stewardship Program ("COFSP") / Growing Your Farm Profits: Planning for Business Success (the "Program"), is a voluntary awareness and education program designed to help Ontario farmers prepare confidential and self administered environmental projects and/or business plans for their farm business. While every effort has been made to ensure the accuracy and completeness of the information provided to participant(s) regarding the Program, including any printed or electronic material comments of any employees or agents of OSCIA or OMAFRA presented in association or made in connection therewith should not be considered or relied upon as definitive regarding legislation, techniques, means or methods of growing farm profits for the participant(s). I acknowledge and agree that I have been advised to seek the advice of and rely upon the appropriate technical and professional experts familiar with the applicable legislation, techniques, means and methods as the details of my/our situation may differ from those described in the Program.
4. If the Project is approved under the Program, I understand and accept that in accordance with the *Financial Administration Act* (Ontario), payment is subject to OMAFRA receiving all the necessary appropriation from the Ontario Legislature; OMAFRA receiving all the necessary monies from Canada under the Growing Forward agreements; and my/our compliance with all of the Program's requirements (a copy of which I acknowledge receipt thereof) and these terms and conditions.
5. If the Project is approved under the Program, I agree that I will be solely responsible for ensuring that I meet all technical, structural and legal requirements for this Project, including compliance with all federal and provincial laws or regulations, all municipal by-laws, and any other orders, rules or by-laws related to this Project.
6. If the Project is approved under the Program, I agree that OMAFRA, its authorized representatives or an independent auditor may, upon notice and during normal business hours, enter upon the Project premises for the purposes of inspection and audit. I further agree that these rights shall survive the completion of the Project for a period of seven years.
7. If the Project is approved under the Program, I understand that no member of the House of Commons or of the Senate shall derive any financial advantage or direct benefit from funding provided hereunder, if any, that would not be permitted under the *Parliament of Canada Act*.
8. If the Project is approved under the Program, I represent and warrant that no former federal public office holder or federal public servant who is not in compliance with the Conflict of Interest and Post-employment Code for Public Office Holders or the Conflict of Interest and Post-employment Code for the Public Service shall derive any financial advantage or direct benefit from funding provided hereunder, if any.
9. If the Project is approved under the Program, I represent and warrant that this application for Project funding disclosed all proposed sources of funding, including sources and amounts from federal, provincial or municipal governments, conservation groups, or private persons or other organizations, including in-kind contributions, and that I will continue to do so for the duration of this project. I declare that the total funds from federal, provincial or municipal government sources, conservation groups, or private persons or other organizations, including in-kind contributions, received or receivable, if any, do not or will not exceed 100 per cent of eligible costs as determined by OSCIA, and that no funding assistance will be acquired for the Project from any other Growing Forward initiative.
10. If the Project is approved under the Program, I represent, warrant and covenant that any information provided to OSCIA in support of this request for funds (including information relating to any eligibility requirements) shall continue to be true and complete for the term of the Project in every respect. I shall immediately notify OMAFRA or OSCIA of any changes to this information.
11. If the Project is approved under the Program, I agree that none of Canada, nor the Province of Ontario, nor OSCIA, nor any of their respective directors, officers, agents, employees, members, third party agents or representatives shall be liable to any applicant for any damage or loss whatsoever, or howsoever arising, including but not limited to, damage or loss arising from any advice, opinion, representation, warranty or the provision of information pursuant to this Program or Project, without limitation, whether such acts or omissions be negligent or not.
12. If the Project is approved under the Program, I hereby agree to indemnify and hold harmless Her Majesty the Queen in Right of Ontario and in Right of Canada and Her Ministers, directors, officers, agents, appointees, employees, agents or contractors from and against any and all liability, loss, costs, damages and expenses (including legal, expert and consultant fees), causes of action, actions, claims, demands, lawsuits or other proceedings, by whomever made, sustained, incurred, brought or prosecuted, in any way arising out of or in connection with the Project (cumulatively, "Claims"). I further agree that this indemnity shall survive the completion of the Project for a period of seven years.
13. If the Project is approved under the Program, I understand and accept that the following shall constitute an event of default: (i) failure to carry out the Project; (ii) failure to use the funds provided for the purpose of the Project; (iii) if required, failure to provide reports in accordance with the timelines and content specified by OSCIA; (iv) the nature of my/our operations or legal status changes so that I am no longer eligible for the Program; (v) cessation or suspension of operations; (vi) false, misleading or deceptive statements or representations to OMAFRA or OSCIA; (vii) an assignment, proposal, compromise or arrangement for the benefit of creditors, a petition into bankruptcy or a filing for the appointment of a receiver; (viii) or failure to otherwise comply with all of the Program's requirements or these terms and conditions. I also understand and accept that in the event of a default, OMAFRA or OSCIA has the right to take one or more of the following remedial measures: (i) delay the processing of an application; (ii) deem me/us ineligible for funding under the Program; (iii) suspend, reduce or cancel further funding; (iv) demand the immediate return of an amount equal to any funds provided to me/us under the Program or pursuant to this application; (v) or initiate any lawful remedy deemed appropriate. I agree to immediately comply with any remedial measure, including any demand for the return of funds. I further agree that any amount owing in the event of a default shall be deemed to be a debt to the Crown.
14. If the Project is approved under the Program, I understand and accept that any notice regarding this Cost-Share application shall be sufficiently given by regular mail, postage prepaid and mailed in a Canadian post office addressed to the respective parties at the addresses set out herein or to any other address as may be designated in writing by the parties, and that the date of receipt of any notice by mailing shall be deemed conclusively to be seven (7) days after the mailing.
15. If the Project is approved under the Program, I understand and accept that all amendments to these terms and conditions must be made in writing and executed by both parties.
16. I understand that other information I provide on this form and supporting documentation may be used for the purposes of evaluating, auditing, administering and promoting this Program and Growing Forward. This includes but is not limited to sharing the information with the federal government, OMAFRA and with third parties delivering other Growing Forward programs in order to confirm the information provided, verify eligibility for Program funding, and conduct Program analyses.
17. Notice to Collect Personal Information: Most information collected for this application is related to your business. However, supporting documentation, such as the Premises Identification Number Certificate, or confirmation of a religious exemption for a Farm Business Registration Number may contain personal information about identifiable individuals.
 - i. The collection of any personal information in supporting documents is necessary to administer the Business Development for Farm Businesses Program (BDFBP), which is part of the Growing Forward program. The information will be used to administer, evaluate, audit, verify and enforce BDFBP. It may be shared with other Growing Forward initiatives to verify cross-compliance or for audit purposes.
 - ii. Direct questions about the collection of personal information to: Agricultural Information Contact Centre, OMAFRA, 1 Stone Rd W, Guelph ON N1G 4Y2, phone 1-888-479-3931
 - iii. Indirect Collection of Personal Information: If supporting documents include personal information about an individual other than yourself, you must obtain the individual's consent. Example: If you intend to submit the name of a tenant that is not a business on the Premises Identification Number Certificate, the individual's signed consent is required with the information. A Consent for Indirect Collection of Personal Information form must be included with the personal information submitted. (form available from the Ontario Soil and Crop Improvement website.)

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