



# Growing Forward 2

A federal-provincial-territorial initiative

## Developing Management Skills Program Application Form

APPLICANT/BUSINESS NAME:

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ADDRESS:

POSTAL CODE:

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TELEPHONE:

CELL :

FAX:

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Contact Person:

E-MAIL:

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1) Please indicate what you are applying for (select only one program per application form) and attach the specific application information for the selected element.

A - Self Assessment \_\_\_\_ B - Planning \_\_\_\_ C - Individual Training \_\_\_\_

D - Benchmarking \_\_\_\_ E - Group Planning & Training \_\_\_\_

2) Farming Operation Principal Commodity

Crop \_\_\_\_ Horticulture/Greenhouse \_\_\_\_ Livestock \_\_\_\_ Mixed \_\_\_\_ Other (specify) \_\_\_\_

3) Principal Commodities (describe)

a. \_\_\_\_\_ b. \_\_\_\_\_

4) Applicant type

Agricultural Producer \_\_\_\_ Farm Organization \_\_\_\_ Agricultural Organisation \_\_\_\_

Agri Business \_\_\_\_ Other \_\_\_\_ specify \_\_\_\_\_

5) Business Type

Sole Proprietor\_\_ Partnership\_\_ Corporation\_\_ Cooperative\_\_ Other Association of Persons \_\_\_\_



## Developing Management Skills Application Form (continued)

6) Project Title:

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7) Project summary statement – one sentence

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Planned Expenditure Major project components	Total Project Cost	Assistance requested	NBDAAF use only Amount Recommended

***Unless otherwise notified in writing, costs incurred prior to the date of the written project approval will not be eligible.***

I agree to participate in and respond to follow-up questionnaires and surveys as a condition of receiving funds under this program. The information collected will be used for program evaluation and policy development and will not divulge individual information.

I/We hereby declare that the information provided in this application is true and correct in every respect.

I/We understand that information provided on this form is subject to the provisions of the *Privacy Act* of Canada, the *Access to Information Act* of Canada and/or the *Right to Information and Protection of Privacy Act* of New Brunswick.

I/We also understand that failure to comply with all the application requirements may delay processing of the application or render me/us ineligible for assistance under the program.

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

*PLEASE RETURN YOUR COMPLETED APPLICATION FORM TO ANY DEPARTMENT OF AGRICULTURE, AQUACULTURE AND FISHERIES OFFICE OR BY EMAIL TO [GFCA.ADMIN@GNB.CA](mailto:GFCA.ADMIN@GNB.CA).*

**Project Recommended:** \_\_\_\_\_

**Project Not Recommended:** \_\_\_\_\_

\_\_\_\_\_  
Developing Management Skills Lead

\_\_\_\_\_  
Date