

Appendix A – 4.1.1 Training Sub-Program (Agri-Skills Individual Training)

4.1 BUSINESS DEVELOPMENT PROGRAM

Project Title
Applicant Name (including middle name)
Organization/Business/Farm Name (if applicable)

If you (or your spouse) are an established farmer, does the farm generate at least \$15,000 in annual gross farm sales?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you (or your spouse) are a beginning farmer (you intend to, or you have been operating a farm for less than six years), can you demonstrate that you, or the farm entity, has or will have at least \$15,000 in annual gross farm sales within three years?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this application for training for a farm employee?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide the Farm Employee’s Name:	
Name of proposed learning activity	
Learning activity duration	
Proposed start/finish dates	

Learning activity objective (Check all that apply)	<input type="checkbox"/> Improve farm profitability
	<input type="checkbox"/> Improve the safety and quality of farm food production
	<input type="checkbox"/> Enhance environmentally responsible production
	<input type="checkbox"/> Increase new market opportunities
	<input type="checkbox"/> Other, please specify

List goal(s) related to the proposed learning activity	
Type of learning activity	<div><input type="checkbox"/> Course</div> <div><input type="checkbox"/> Workshop</div> <div><input type="checkbox"/> One-on-one</div> <div><input type="checkbox"/> Other, please specify</div>
Learning activity provider	
Learning activity fees (please include supporting documentation)	