

CLAIM FORM

Best Management Practices Support Program Project

Full Name (including middle name)

Personal information is collected for the express purpose of determining eligibility for PEI AWP BMP Support program assistance and will be shared with the Canadian Revenue Agency regarding the taxable benefit, and the PEI Watershed Alliance specifically for the management of claims, audits, and evaluation of this project. As per the initial funding agreement, recipients consent to the release of their name and the general nature of the project by the PEI AgriWatershed Partnership.

, ,	,						
Organization/Business/Farm	Name (if application	able)					
Make Payment to:		Applicant's Nam		s Name	Business Name		
Mailing Address (including cir	vic number)						
Village/Town/City		Province			Postal Code		
Telephone Number E-mail Addres			3				
Sponsoring Watershed Group			Waters	rshed Coordinator			
Please list each expenditure			and pro				
Item Description Item Description (outlet work)		tion		Name of Supplier		Amounts (less GST)	
For additional space please use Page 2				Total Expen	ditures:	\$	
Applicants Certificate:				PEI Agri-Watershed Partnership Official:			
I certify that the above noted amounts, supported by the attached documents, are for the work performed or material purchased in accordance with the terms and conditions of the Project Agreement.				I have reviewed the expenditures of this claim and have verified with officials of the PEI Department of Agriculture & Land, that they are in accordance with the terms and conditions laid out in the Project Agreement.			
Signature	Date			Signature		Date	
Dollars approved for this c	laim: \$:						
Authorization:			Date:				

NOTE: Supporting Documentation is filed in the office of the Watershed Ecologist, PEI Dept. of Environment, Water & Climate Change





Best Management Practices Demonstration Project

Additional Claim Items: Please list each expenditure (Attach invoices and proof of payment).

Item Description (fieldwork)	Item Description (outlet work)	Name of Supplier	Amounts (less GST)
,			
	Total Expenditures	\$	

Forward Claim with supporting documentation to: AWP-BMP Support Program

PO BOX 701 Souris

PE, COA 2B0

Questions? Call (902) 394-7933