

Reference No.	Date Received
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**Young Farmer Mentorship Program  
Farm Mentor/ Agri-Business Application**

Applications will be accepted between **July 22 and September 20, 2024**

**Step 1: Eligibility Requirements**

- I confirm that all the following conditions are met:
- √ Clients new to Programs since 2023 must complete the Program Funding Registration Form. Returning clients must update the form as needed.
  - √ Is a farm that is currently registered in the correct income category under the *Farm Registration Act*, or an Agri-Business.
  - √ Applicant is at least 19 years of age and actively farming in the program year.
  - √ Applicant has at least 5 years of experience in their field of work.
  - √ Able to commit to meeting with their mentor regularly (informally via texts, emails, phone) and to a minimum of one in person meeting monthly over the four-month mentorship period.

**Note:** The above requirements must be met, otherwise the application will not be processed. Reference program guidelines for eligible projects, project timelines, and claim dates.

**Step 2: Applicant Information**

<b>Business / Farm Name</b>				
<b>Applicant Name</b>				
<b>CRA Business Number</b>				
<b>Phone Number</b>				
<b>Email</b>				
<b>Mailing Address</b>				
<b>City / Town</b>		<b>County</b>		<b>Postal Code</b>

**Self Identification**  
**Note: this information is not part of determining program eligibility and is voluntary**

<b>Applicant Self Identification</b>		
<b>Select all that Apply</b>	<input type="checkbox"/> Youth (individuals 40 years old and younger) <input type="checkbox"/> Women <input type="checkbox"/> Mi'kmaq <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> Other: _____	<input type="checkbox"/> African Nova Scotian <input type="checkbox"/> Not Applicable <input type="checkbox"/> Decline to identify

**Step 3: Applicant Details**

Indicate the type of business you operate (check all that apply)
<input type="checkbox"/> Farm – indicate preferred area of focus: <input type="checkbox"/> Agri-business – indicate preferred area of focus:

Provide a brief description of the knowledge transfer, experience, etc. you would be able to provide

**Step 6: Proposed Budget**

Eligible Activities (when attending with a Young Farmer):	Activity Cost
Conference registration fees	\$
Travel to conferences/events	\$
Accommodation costs associated with conferences	\$
Meal costs associated with event timeline based on per diem amounts: - Breakfast - \$15 - Lunch - \$20 - Supper - \$30	\$

## Declaration, Authorization and Consent

By submitting this application form, I acknowledge and agree with the following:

- I have disclosed accurate, true and complete information to the program administration to date and I will continue to provide accurate, true and complete information which is not misleading;
- I have read the Program Guidelines and, if the application is approved in whole or in part, I agree to abide by the terms and conditions as set out in the Program Guidelines;
- I consent to the audit and verification of the information at any time prior to project commencement, during work, or upon completion of the project. Such audit and verification may be performed by the Province of Nova Scotia, Government of Canada or other parties chosen by the Nova Scotia Department of Agriculture for audit and verification purposes;
- I consent to the use and disclosure of the information by officials of the Nova Scotia Department of Agriculture, officials of programs offered by the Government of Canada or Province of Nova Scotia, and cooperating funding partners, where the information is relevant for the purposes of audit, analysis, evaluation, program development and determining program funding;
- I agree to repay any amount determined through audit or inspection that is deemed to have been provided in excess of the program funding to which I am entitled;
- I consent to the release of my name and the amount of any funding received under the Program as public information, to be actively disseminated by the Province of Nova Scotia and Government of Canada;
- I acknowledge that any other information provided, unless disclosed in the manner and for the purposes to which I have consented above, will be subject to the provisions of the *Freedom of Information and Protection of Privacy Act (FOI/PIPA)*;
- I consent to representatives of the Nova Scotia Department of Agriculture contacting me to discuss the results of the Program;
- I consent to the Nova Scotia Department of Agriculture publishing the results of the Program with respect to the farm which may include my name, my farm location, the amount received and details about the projects associated with this Program; and
- I confirm that I have the authority to bind the applicant.

\_\_\_\_\_  
Applicant Name (print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### Return completed Application to:

**Nova Scotia Department of Agriculture  
Programs Office**

74 Research Drive, Suite A, Bible Hill, NS B6L 2R2

Phone 902-893-6377 or toll-free 1-866-844-4276

Fax: 902-893-7579

Email: [prm@novascotia.ca](mailto:prm@novascotia.ca)

Website: <http://novascotia.ca/programs/>

Je préfère recevoir tous les formulaires en  
français.