

# Growing Forward Food Safety Program, for Processors and Distributors Claim Form Instructions

## Before you complete the claim form

- Read the instructions carefully.
- Be sure that:
  - All the costs are eligible according to the funding agreement
  - Eligible costs are incremental and related to the project
  - All the costs are incurred after the **starting date**. This refers to the date when a gap assessment was completed at your facility.
  - Enumerate by numbering all the receipts you are planning to include on the claim form (ex: 1, 2, 3, 4)
- If you require more space to list your eligible costs, use a second claim form. Make sure you sign all the claim forms before you submit them.

## What you must send with this form

- Claim form completed and signed by authorized representative of the company (ex: financial officer, CEO, President). **Original signature** is required (not photocopied).
- Attach photocopies of all your receipts to this form.
- Submit the final claim to:

Food Safety Program, for Processors and Distributors  
Manitoba Agriculture Food and Rural Initiatives  
Agricultural Services Complex  
204-545 University Cr.  
Winnipeg, MB. R3T 5S6  
Fax: (204) 945-4327

- Final claim must be submitted by March 31, 2012.

If you have any questions regarding your claim, please contact Jill Zacharias at 204-795-8507.

## How to Complete the Claim Form

Do not fill out the Office Use Only section. It will be completed by MAFRI staff.

### Part 1 – Applicant Information

1. **Name of the Company:** Print the complete name of the company.
2. **Contact Name:** Print the name of the Contact person for claims.
3. **Claim Designation:** Select applicable payment option(s).
  - **Milestone Payment:** Circle the milestone that you have completed (ex: circle 1 if you have completed the written programs, circle 2 if you have implemented the programs, circle 3 if you have been audited and HACCP recognized).
  - **Traceability Payment:** circle YES if you were approved for development and implementation of a traceability program and are making a claim. Circle NO if you were not approved for traceability program or are not making a claim.
4. **Final Claim:** For Milestone Payment only. If you circle YES, this is your last claim for payment. If you are planning to submit another claim, circle NO. Only **one** traceability claim per applicant will be permitted.
5. **Telephone:** List the telephone number(s) where the Contact person can be reached.
6. **Fax #:** Include the fax number of the Contact person.
7. **E-mail Address:** Provide the e-mail address of the Contact person.

### Part 2 – Eligible Costs

8. **Receipt #:** Indicate the number of the receipt as you enumerated it. *See the section "Before you complete the claim form".*
9. **Date of Receipt:** Provide the date the receipt was paid. The Food Safety Program, for Processors and Distributors funds only costs that are incurred after the starting date.
10. **Description of Claim:** Indicate the eligible cost (ex: consultant fees, staff training, audits, traceability related expenditures).
11. **Vendor Name:** Provide the name of the supplier (ex: consultant company, store, pest control company).
12. **Receipt Amount:** Indicate the total amount of the receipt.
13. **Amount Claimed:** Indicate the total amount of the receipt that is eligible for this claim.

### **Part 3 – Declaration**

14. **Name:** Print the name of the authorized representative of the company (ex: financial officer, CEO, President).

15. **Title:** Include the title of the authorized representative of the company.

16. **Signature:** The authorized representative of the company must sign the claim form.

17. **Date:** Include the date this claim form is signed.