

Youth Safety Day Fund Sponsored by Corteva Agriscience™

1. YOUTH SAFETY DAY INFORMATION (Safety Day must be an approved Progressive Agriculture Safety Day®)		
Date of Safety Day:		
Safety Day Venue Location:		
Address: (street & mailing)		
City:	Province:	Postal Code:
Estimated number of Children:	Estimated number of Volunteers:	

2. COORDINATOR INFORMATION (also referred to as applicant)		
First Name:	Last Name:	
Name of Organization: (if applicable for reimbursement purposes)		
Coordinator/Organization Address: (where cheque can be mailed if e-transfer not applicable)		
City:	Province:	Postal Code:
Phone Number:	Coordinator email: (where e-transfer can be made)	

3.	Type of Funding that is being requested for Youth Safety Day: Example of expenses can include venue rental, station curtain rental, presenter travel expenses, PA system rental, shipping of resources, bus transportation, lunches/snacks.	
4.	Total Requested Amount (maximum \$700) \$	
5.	Costs If you have a breakdown of the items please indicate below (they can be approximate):	
Vendor being used (if applicable)	Description of Expense	Total Item Cost

Anticipated total to be claimed:



Please indicate the safety stations that will be setup during your safety day:

6. Acknowledging Corteva Agriscience™ as a sponsor:
 Coordinator **commits** to acknowledging Corteva Agriscience as a community supporter of this Safety Day.
 Yes
 CASA will provide a Corteva Agriscience-approved poster or PowerPoint slide for you. Please indicate which of the following that you will display at your event: Corteva Agriscience. **Poster** **PowerPoint slide**

7. Checklist: Please ensure that you have completed the following:

By checking this box, I, the applicant confirm that I have completed #1-6 **Yes.**

By checking this box, I, the applicant authorize payment by e-transfer to of funds to the email address that I provided on page 1. **Yes.**

By checking this box, I, the applicant commit to send in receipts required for full reimbursement. **Yes.**

By checking this box, I, the applicant, agree to submitting photo(s) of the PAF Safety Day (photo of a farm safety station with participants, photo of Corteva Agriscience sign recognition with participants at the safety day). **Yes.**

By checking this box, I, the applicant agree to send a brief report on the impact that your safety day has had in the community. This can include statements made by participants on what they have learned. **Yes.**

By checking/signing below, the applicant verifies that all information in this application is true, to the best of his or her knowledge, and accepts all of the terms and conditions of the **Corteva Agriscience™ Youth Safety Day Fund** as set out in this application. The applicant further acknowledges that approval for funding lies within the absolute and unfettered discretion of CASA and nothing contained herein shall be construed as a guarantee of funding or acceptance into the Corteva Agriscience Youth Safety Day Fund.
 CASA will notify the coordinator within 10 business days of receipt of application.

Please sign below or use check box if sending by email. **Accepted**

_____ Date: _____

(Signature)

Please submit by email or fax to:

Attention: Corteva Agriscience™ Youth Safety Day Fund
 Canadian Agricultural Safety Association
info@casa-acsa.ca
FAX: (877) 261-5004

Questions: please contact CASA at 1-877-452-2272

For CASA office Use		
Requested Funding: \$ _____	Accounting: \$ _____	
Approved Funding by CASA: \$ _____		
Funding mailed	Date:	Cheque # or e-transfer #
<input type="checkbox"/> receipts	<input type="checkbox"/> photos	<input type="checkbox"/> brief report

