

# APPLICATION FORM

## Fiona Agriculture Support Program (2022/2023–2024/2025)

Project/Client # (Office Use Only):

<b>1. Applicant Information</b>			
Full Name (including middle name):			
Business/Organization Name:			
Mailing Address:			Organization's Twitter Handle (if applicable)
Village/Town/City	Province	Postal Code	
Telephone No.	Cellular No.	Fax No.	E-mail Address
AgriInsurance Client ID#: (if applicable)		AgriStability Client ID#: (if applicable)	
Preferred method of communication:			
<input type="checkbox"/> Telephone <input type="checkbox"/> Cellular phone <input type="checkbox"/> SMS Text Message <input type="checkbox"/> Email <input type="checkbox"/> Other (please specify)			
<b>1.1 Type of Business or Organization</b>			
Please choose one and complete the required information. The following information is collected under the authority of the <i>Income Tax Act</i> for the purposes of reporting income and determining the eligibility of applicants.			
<input type="checkbox"/> Individual Proprietorship (if you file to Canada Revenue Agency [CRA] as an individual) Social Insurance Number: _____			
<input type="checkbox"/> Incorporated Company (if you file to CRA as a corporation) CRA Business Number: _____			
<input type="checkbox"/> Partnership (if you file to CRA as a partnership.) CRA Business Number: _____			
<input type="checkbox"/> Registered Charitable Organization / Not-for-Profit Registration number: _____			
<input type="checkbox"/> Other Please Identify: _____ Registration number: _____			

**1.2 Ownership**  
 If you indicated “Incorporated Company” or “Partnership” as your type of business in Section 1.1, please list the owners and the ownership per cent for each in the table below.

Name of All Owners	Per Cent of Ownership (%)
<b>Total (must total 100%)</b>	

**1.3 Business Size**

<b>Gross Revenue:</b>	<input type="checkbox"/> Less than \$10,000	<input type="checkbox"/> \$10,000 to \$2,000,000	<input type="checkbox"/> More than \$2,000,000
<b>Number of Employees (Equivalent to Full-Time):</b>		<b>Farm Net Income (2021):</b>	

**2. Funding**

Have you, or will you, apply for any other Provincial and/or Federal Government financial support for the extraordinary costs as a result of Fiona?  
 Yes       No

If **yes**, provide detailed information as indicated below.

Source of Funding	Type of Damages	Dollar Amount (Estimate)

**3. Which stream(s) are you applying for?**  
 Please select all that apply and complete the associated Extraordinary Costs Reporting Forms in Appendix.

- Stream 1 – Agricultural Infrastructure (Appendix A)
- Stream 2 – Crops (Corn) (Appendix B)
- Stream 2 – Crops (Tree Fruit) (Appendix C)
- Stream 2 – Crops (Other) (Appendix D)
- Stream 3 – Livestock (Appendix E)
- Stream 4 – Agricultural Land Clean-Up (Appendix F)

<b>3.1 Repair/Rebuild Plan</b>
<p><b>Do you plan to repair/rebuild with a structure that is more climate resilient than the structure you are replacing?</b></p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If <b>yes</b>, please provide a brief description of how the structure will be climate resilient.</p>

<b>4. Program Evaluation</b>
<p>Please provide a description of how the Fiona Agriculture Support Program will support your agricultural operation (2-3 paragraphs). This information will assist the Department of Agriculture and Land to understand the needs of the agricultural industry and evaluate the performance, relevancy, and impact of this program to inform future programming.</p>
<b>4.1 How will your participation in the Fiona Agriculture Support Program support you to mitigate the extraordinary costs incurred as a result of Fiona?</b>
<b>4.2 How will your participation in the Fiona Agriculture Support Program support you to improve the resilience of your agricultural operation?</b>

<b>5. Checklist for Required Documents</b>
<p>The deadline for submitting initial applications to declare damage is <b>December 15, 2022</b>. The following documents are required for initial applications:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Signed completed Application Form</li> <li><input type="checkbox"/> Extraordinary Costs Reporting Forms(s) for the stream(s) you are applying for (Application Form – Appendix A - F)</li> <li><input type="checkbox"/> A copy of most recently submitted Canada Revenue Agency documents, including: <ul style="list-style-type: none"> <li><input type="checkbox"/> Tax return (T1 General) for all individuals/owners</li> <li><input type="checkbox"/> Statement of Farming Activities (T2042 or T1273)</li> <li><input type="checkbox"/> Corporation Income Tax Return (T2) if Business/Company</li> </ul> </li> <li><input type="checkbox"/> For businesses, a copy of T4's for all employees is required.</li> <li><input type="checkbox"/> Photo evidence of damages and losses as a result of Fiona</li> <li><input type="checkbox"/> For Stream 1 – Agricultural Infrastructure, a copy of insurance policy for the claimed damaged/destroyed agricultural infrastructure is required.</li> <li><input type="checkbox"/> For Stream 2 – Crop (Corn), if your farm is not enrolled in AgrilInsurance, a copy of corn seed invoices for the 2022 crop is required.</li> <li><input type="checkbox"/> For Stream 2 – Crop (Tree Fruit), a copy of Orchard Damage Assessment or equivalent is required.</li> </ul> <p>Note: Please keep record of invoices and receipts that support the extraordinary costs incurred as a result of Fiona for claim.</p>

## 6. Declarations and Consent to Use Personal Information

By submitting this form for project funding, I/We:

- Certify that all information submitted on this application and in the appendices is accurate, true and correct;
- Have read the Program Guidelines, and am/are in compliance with all program eligibility requirements contained in the Program Guidelines and Application Form;
- Certify that I/we will supply, on request, to the PEI Department of Agriculture and Land (PEIDAL), or their representative, any documentation they consider necessary to administer this Program;
- Consent to third parties, including Canada Revenue Agency (CRA), disclosing, upon request, information that PEIDAL considers necessary for the purpose of administering the Program;
- Agree that PEIDAL and PEI Agricultural Insurance Corporation (AIC) can share between themselves any information contained on this application form as well as any documentation requested;
- Agree that PEIDAL and AIC may review, as necessary, information held by the respective governments related to other programs in which I/we am/are enrolled, including AgriInsurance and AgriStability, to verify the information provided on this application form;
- Understand that PEIDAL may pro-rate payments, or impose limits on amounts otherwise payable, where all applications made under the Fiona Agriculture Support Program exceed the amount of funds available.
- Agree to return all or part of the funds received under this Program to PEIDAL if it has been determined that an overpayment has been made for any reason including on the basis of an audit which establishes that the funds have been received in contravention of the Program Guidelines, these obligations, and/or laws of the Province of Prince Edward Island and federal laws of Canada;
- Understand that the Social Insurance Number, Business Number and/or Charity Registration Number is collected under the authority of the *Income Tax Act* for the purposes of reporting income;
- Agree that information provided for purposes of the Program may be shared with the Canada Revenue Agency as it pertains to any potential taxable benefits, as well as with AAFC or its agent regarding claims, audits and evaluations as it relates directly to and is necessary for this Fiona Agriculture Support Program (2022/2023–2024/2025);
- Agree to disclose other sources of financial assistance from, but not limited to, the federal, provincial, or municipal governments in respect of the purpose of this Program if applicable;
- Understand that personal information on this form is collected under Section 31(c) of the *Freedom of Information and Protection of Privacy Act* R.S.P.E.I. 1988 c. F-15.01 as it relates directly to and is necessary for the Program. It will be used for determining eligibility for program assistance and will be shared with the Canada Revenue Agency regarding the taxable benefit;
- Understand that Program payments will be considered allowable income, for the purposes of the AgriStability program in the program year only;
- Understand that Program payments will not be considered allowable income for the calculation of reference margins under the AgriStability program;
- Understand that Program payments will not be considered allowable income for the purposes of the AgriInvest program;
- Understand that Eligible Applicants who provide false or misleading information to the Program Administrator for the purposes of the Program forego all rights to Program payments, are liable to repay all Program payments they have received and may be subject to prosecution;
- Understand that failing to comply with all application requirements may delay the processing of the application, or may render me/us ineligible for receiving assistance under the program;
- Acknowledge that my/our completing this application form and by receiving advice from the PEIDAL or other program delivery agent does not oblige the Department or other delivery agents to provide funding;
- Agree to participate in an evaluation and/or audit of the program; and
- Understand that projects funded may be communicated through the PEIDAL's public and social media channels.

I, certify that the information given on this application is to the best of my knowledge complete, true and accurate.

\_\_\_\_\_  
Name of Applicant/Signing Officer  
(Please print)

\_\_\_\_\_  
Signature of Applicant/Signing Officer

\_\_\_\_\_  
Date

7. Demographic Information				
Your voluntary response to the following questions will assist the department in understanding the demographic profile of clients.				
Do you identify as	<input type="checkbox"/> Man	<input type="checkbox"/> Woman	<input type="checkbox"/> Gender not listed	<input type="checkbox"/> Prefer not to say
Are you a senior (age 65 or older)?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
Are you a youth (age 29 or under)?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
Do you identify as a person with a disability?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
What is your first language?	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say
Are you proficient in languages other than English or French?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
Do you identify as a member of the Island's Acadian community?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
Do you identify as a member of an Indigenous group?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
Do you identify as a newcomer to Canada?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
Do you identify as part of another under-represented group?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say

8. Submitting the Application	
The deadline for submitting initial applications to declare damage is <b>December 15, 2022</b> . Completed applications may be submitted to the attention of the Fiona Agriculture Support Program Administrator via regular mail or email.	
<b>E-Mail Applications:</b>	
Once you have completed the application, you may e-mail a <b>signed</b> copy in PDF to <a href="mailto:Agr-FionaResponse@gov.pe.ca">Agr-FionaResponse@gov.pe.ca</a> . Please include the program name <i>Fiona Agriculture Support Program</i> in the subject line.	
<b>Regular Mail Applications:</b>	
Applications may be submitted via regular mail at: PEI Department of Agriculture and Land Fiona Agriculture Support Program 11 Kent Street PO Box 2000 Charlottetown, PE C1A 7N8 (902) 368-4145 (telephone)	
<b>Questions?</b> Please e-mail <a href="mailto:Agr-FionaResponse@gov.pe.ca">Agr-FionaResponse@gov.pe.ca</a>	

OFFICE USE ONLY			
Date Application Received:		Date Application Completed:	
Approved?	<input type="checkbox"/> Y	<input type="checkbox"/> N	Initials:
Dollars requested for this application:			
<input type="checkbox"/> Stream 1:			\$
<input type="checkbox"/> Stream 2 – Corn:			\$
<input type="checkbox"/> Stream 2 – Tree Fruit:			\$
<input type="checkbox"/> Stream 2 – Other:			\$
<input type="checkbox"/> Stream 3:			\$
<input type="checkbox"/> Stream 4:			\$
<b>Total:</b>			\$

## APPENDIX A: Stream 1 – Agricultural Infrastructure

**Applicant Name:** \_\_\_\_\_

**Applicant Initial:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*\*Original signed copy to be placed in Central File*

**OFFICE USE ONLY**

**Date Received by Dept:** \_\_\_\_\_

**Dept. Initial (Rec'd):** \_\_\_\_\_

**Date Confirmed Complete  
by Dept.:** \_\_\_\_\_

**Dept. Initial (Application  
Complete):** \_\_\_\_\_

If you claim for more than one infrastructure, please complete this form for each infrastructure.

Type of Infrastructure		Insured Value (\$)	
Rebuilding Start Date (yyyy/mm/dd)		Estimated Completion Date (yyyy/mm/dd)	
Type of Costs	Description	Estimated Cost (\$)	
Dis-assembly, removal, and disposal of damaged infrastructure			
Engineering/architectural costs			
Provincial building permits			
Building materials			
Labour			
In-kind labour			
Fixed in place equipment			
Other (please specify)			
<b>Total</b>			
<b>Did you include a copy of insurance policy for the claimed agricultural infrastructure?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No

## APPENDIX B: Stream 2 – Crops (Corn)

Applicant Name: \_\_\_\_\_

Applicant Initial: \_\_\_\_\_

Date: \_\_\_\_\_

*\*Original signed copy to be placed in Central File*

**OFFICE USE ONLY**

Date Received by Dept: \_\_\_\_\_

Dept. Initial (Rec'd): \_\_\_\_\_

Date Confirmed Complete  
by Dept.: \_\_\_\_\_

Dept. Initial (Application  
Complete): \_\_\_\_\_

**1.1 Is your farm enrolled in AgrilInsurance in 2022?**

Yes. Client ID Number: \_\_\_\_\_

No. Please provide a copy of your corn seed invoices for the 2022 crop with your application.

Corn Type	Total Acres	Acres Harvested Prior to September 24, 2022	Acres Harvested After September 24, 2022	Acres Unharvested This Season
Corn Silage				
Cobmeal/Snaplage				
Grain Corn				
<b>Total</b>				

**1.2 Custom Harvester<sup>1</sup>**

Acres of Own Production:	Acres Custom Harvested:	
Type of Costs	Description	Estimated Cost (\$)

**1.3 Specialized Harvest Equipment**

Specialized equipment must be purchased/rented between September 24, 2022 and June 1, 2023.

Equipment Type	Date Purchased (If Applicable)	Description (What was the equipment for?)	Estimated Cost (\$)

<sup>1</sup> A custom harvester is an operation in the business of harvesting crops for others. If the custom harvester also produces corn, they must harvest at minimum the equivalent number of acres they produce themselves for other farmers to be considered a custom harvester.

**1.4 Extraordinary Generator Costs**

Please provide a copy of invoices or receipts for any incurred costs.

Facility Type	Description of Use	Date(s) Operated	Hours Operated

**1.5 Specialty Corn Production Operations**

Type of Operations	Description (Size in Acres)	Estimated Lost Revenue

**1.6 Other Extraordinary Costs**

You may describe in below table any other extraordinary costs associated with corn that you have incurred as a result of Fiona. These expenses may be considered on a case by case basis as determined by the program administrators.

Type of Costs	Description	Estimated Cost (\$)



**APPENDIX C: Stream 2 – Crops (Tree Fruit)**

Applicant Name: \_\_\_\_\_

Applicant Initial: \_\_\_\_\_

Date: \_\_\_\_\_

*\*Original signed copy to be placed in Central File*

**OFFICE USE ONLY**

Date Received by Dept: \_\_\_\_\_

Dept. Initial (Rec'd): \_\_\_\_\_

Date Confirmed Complete by Dept.: \_\_\_\_\_

Dept. Initial (Application Complete): \_\_\_\_\_

**1.1 Orchard Information**

Orchard Name:		Orchard Size (Acres):		Crop:	
Tree Insurance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Crop Insurance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**1.2 Have you completed the PEI Tree Fruit Growers Association's 2022 Damage Assessment Report?**

- Yes. Please provide a copy of your 2022 Damage Assessment Report with your application.
- No. Please complete the following table.

**Instruction:**

<b>Row or Block #</b>	The row number or orchard block, please pick one and stay consistent
<b>Tree Size</b>	Dwarf (D)
<b>Tree Age</b>	Please put the age of the tree THIS YEAR (2022)
<b>Variety</b>	
<b># of Trees in Row/ Block</b>	The total number of trees in the row or block
<b># of Damaged Trees in Row/ Block</b>	A tree that is damaged but at this moment does not need to be replaced
<b># of Trees to Replace in Row/ Block</b>	A tree that is destroyed and will need to be replaced
<b>Avg lbs per Tree</b>	The number of apples in pounds (lbs) that was/ would have been on the tree
<b>% of Crop Lost (unsellable)</b>	The total percentage of crops that in the row or block that were not sellable.
<b># of Trellis Posts Damaged</b>	Number of posts damaged and type WOOD or METAL or OTHER e.g. 3W, 1M. If OTHER please add notes additional comments

Row or Block #	Tree Size*	Tree Age	Variety	# of Trees in Row/Block	# of Damaged Trees in Row/Block	# of Trees to Replace in Row/Block	Avg lbs per Tree	% of Crop Lost (Unsellable)	# of Trellis** Posts Damaged	Additional Comments
Ex. 147	SD	3	Honeycrisp	50	20	15	40	85	3W:1M	Add notes regarding trellis design
*Tree Size: D – dwarf; SD – semi-dwarf; S – standard **Trellis material: W – wood; M – metal; O – other										

**1.3 Extraordinary Generator Costs**

Please provide a copy of invoices or receipts for any incurred costs.

Facility Type	Description of Use	Date(s) Operated	Hours Operated

**1.4 Labour Costs**

For any already receipted costs, please provide a copy of invoices or receipts. For any estimated costs, please provide a copy of quote.

Date(s)	Hours of Labour	Description of Work	Invoiced/Receipted Cost (\$)	Estimated Cost (\$)

**1.5 Other Extraordinary Costs**

This may include repairs, replacement, transportation to emergency markets, additional crop protectants, land preparation for replanting trees, etc. as a result of Fiona.

Type of Costs	Description of Work	Invoiced/Receipted Cost (\$)	Estimated Cost (\$)

## APPENDIX D: Stream 2 – Crops (Other)

Applicant Name: \_\_\_\_\_

Applicant Initial: \_\_\_\_\_

Date: \_\_\_\_\_

*\*Original signed copy to be placed in Central File*

**OFFICE USE ONLY**

Date Received by Dept: \_\_\_\_\_

Dept. Initial (Rec'd): \_\_\_\_\_

Date Confirmed Complete  
by Dept.: \_\_\_\_\_

Dept. Initial (Application  
Complete): \_\_\_\_\_

Please complete this form if you have incurred extraordinary costs associated with crops other than corn or tree fruit (e.g. Horticultural Crops, maple syrup operations, Christmas tree operations) as a result of Fiona.

### 1.1 Extraordinary Costs Associated with Harvesting or Crop Destruction

Is your farm enrolled in AgrilInsurance in 2022?

Yes. Client ID Number: \_\_\_\_\_

No. Please provide a copy of your crop seed invoices for the 2022 crop with your application.

Crop Type	Total Acres	Acres Harvested Prior to September 24, 2022	Acres Harvested After September 24, 2022	Acres Unharvested This Season

### 1.2 Specialized Harvest Equipment

Specialized equipment must be purchased/rented between September 24, 2022 and June 1, 2023.

Equipment Type	Date Purchased (If Applicable)	Description (What was the equipment for?)	Estimated Cost (\$)

### 1.3 Extraordinary Generator Costs

Facility Type	Description of Work	Date(s) Operated	Hours Operated

### 1.4 Other Extraordinary Costs

If you have any other extraordinary costs associated with crops (other than corn or tree fruit) incurred as a result of Fiona you feel should also be considered, please attach this information on a separate sheet. These expenses may be considered on a case by case basis as determined by the program administrators.

## APPENDIX E: Stream 3 – Livestock

Applicant Name: \_\_\_\_\_

Premise Identification Number (PID): \_\_\_\_\_

Applicant Initial: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY**

Date Received by Dept: \_\_\_\_\_

Dept. Initial (Rec'd): \_\_\_\_\_

Date Confirmed Complete by Dept.: \_\_\_\_\_

Dept. Initial (Application Complete): \_\_\_\_\_

*\*Original signed copy to be placed in Central File*

<b>1.1 Facility Rental</b>			
Rental Facility Location: _____			
Facility Owner: _____	Rental Facility PID: _____		_____
Number of Animals to Be Housed: _____	Expected Duration: _____		_____
Total Receipted Cost (\$) _____			
<b>1.2 Custom Raising</b>			
Type of Facility Lost	Number and Type of Head Impacted	Number of Head Relocated	Anticipated Days (1-180)
Ex. Dairy barn	10 calves	10	180
	20 dry cows	15	30
Ex. Heifer barn	15 heifers	15	120
<b>1.3 Transportation Costs</b>			
Eligible transportation expense period is from September 24, 2022 to October 25, 2022			
Dates Transported	Number and Type of Animals Transported	Receipted Cost (\$)	
<b>1.4 Veterinary Costs</b>			
Please provide a copy of veterinarian receipts with Fiona related costs identified. <i>Note: PEIDAL may require an additional declaration by farm veterinarian that the items are related to Fiona (i.e. mastitis due to missing a milking, etc.).</i>			
Date	Description	Receipted Cost (\$)	

<b>1.5 Lost Feed</b>					
Type of Feed Lost	Amount of Feed Lost	Reason Feed Lost	Replacement Feed	Amount of Replacement Feed Required	Estimated Cost (\$)

Note: Applicants must document lost feed and are subject to random audit. Feed to replace pasture when animals were removed early is eligible. Feed to replace unharvested crops is not eligible.

<b>1.6 Extraordinary Generator Costs</b>				
Facility Type	Animal Housed	Facility PID	Date(s) Operated	Hours Operated

Note: Electric invoice for periods during and after Fiona to demonstrate reduced electrical consumption may be requested.

<b>1.7 Watering During Power Outage</b>		
Extraordinary costs associated with providing water to animals during power outages. This coverage is for delivering water to areas without generator access.		
Hours for Transportation of Water	Distance for Transportation of Water	Number of Days

<b>1.8 Deadstock</b>			
Please provide a copy of receipts from Deadstock for collected animals. Cattle are not eligible for this financial assistance.			
Facility PID	Type of Animals Collected	Number of Animals Collected	Receipted Cost (\$)

## APPENDIX F: Stream 4 – Agricultural Land Clean-Up

Applicant Name: \_\_\_\_\_

Applicant Initial: \_\_\_\_\_

Date: \_\_\_\_\_

*\*Original signed copy to be placed in Central File*

**OFFICE USE ONLY**

Date Received by Dept: \_\_\_\_\_

Dept. Initial (Rec'd): \_\_\_\_\_

Date Confirmed Complete by Dept.: \_\_\_\_\_

Dept. Initial (Application Complete): \_\_\_\_\_

Please provide photos of damages and impacted agricultural land and keep record of dates, equipment type, hours, operators, labourers, and receipted costs for claim.

Property Identification Number (PIDs)	Estimated Number of Downed Trees	Estimated Meters of Downed Fence (m)	Description of 'Other' Debris in Fields Requiring Clean Up	Equipment Type	Estimated Hours of Equipment (include operators)*	Estimated Hours of Labour Only (not include operators)*	Estimate of Receipted Costs (i.e. contractors or fencing supplies)	Estimated Timeline for Clean-Up

\* The Estimated Hours of Equipment includes the time of the operator. Estimated Hours of Labour Only includes the time of general labour and does not include the time of the equipment operators. Equipment hours can include time dedicated to operating a chainsaw, tractor, excavator, dump truck, etc.