

APPLICATION FOR THE CANADIAN FARM BUSINESS ADVISORY SERVICES (CFBAS) FARM BUSINESS ASSESSMENT

Protected A - Personal Information

▶ Have you applied for the Canadian Farm Families Options Program? ☐ Yes ☐ No

Section 1 - Applicant Information

1. In which official language would you like to be served? ☐ English / Anglais ☐ French / Français

2. You are applying as (check one):

☐ proprietorship (individual(s))
 ☐ partnership
 ☐ corporation
 ☐ co-operative
 ☐ other association of persons

3. You are applying as (check one):

- ☐ an established farmer engaged in commercial agricultural production having a minimum of \$10,000 annual gross farm sales;
- ☐ a beginning farmer (an individual who is new to farming or to a farming enterprise, or who intends to establish a farm business, or who has owned and operated a farm business for less than six years). In either case, you must demonstrate that your farm business will have, or has, annual gross farm sales of \$10,000 or more.

Note: For individuals who intend to establish a farm business, you must provide to the CFBAS office, proof of ownership or control of (owns/rents/leases) productive agricultural assets to generate farm income, and a farm budgetary forecast.

4. Please complete the section below (A or B) which applies to you:

A. If the applicant is a proprietorship (individual(s)):

Farmer	(First Name)	(Initial(s))	(Last Name)
Spouse	(First Name)	(Initial(s))	(Last Name)

B. If the applicant is a partnership, corporation, co-operative or other association of persons:

Organization Name:	Contact person for the organization:

Names of partner(s) or shareholder(s): (attach separate page if necessary)

(First name)	(Initial(s))	(Last name)
(First name)	(Initial(s))	(Last name)
(First name)	(Initial(s))	(Last name)
(First name)	(Initial(s))	(Last name)

FBA File #

5. Please provide the following contact information:					
Address				Rural Municipality or County (if applicable)	
Village/Town/City			Province		Postal Code
Telephone No.	(Ext.)	Alternate Telephone No.	(Ext.)	Fax No.	E-mail Address

6. Please check the principal commodity you produce (**check only one**):

☐ Beef	☐ Sheep	☐ Other Poultry	☐ Fruit
☐ Dairy	☐ Other Animals	☐ Vegetables	☐ Grains and Oilseeds
☐ Hogs	☐ Poultry and Eggs	☐ Greenhouse and Nursery	☐ Other

Please Note: the information collected in Fields 7, 8 and 9 is collected for the purpose of assisting your consultant to perform the assessment but it is **NOT** used to determine if you are eligible for the CFBAS program. It may also be used by AAFC for the purpose of designing improvements to the CFBAS program, evaluating the performance of the program and designing new programs targeted to specific groups. AAFC keeps this information confidential and only uses it to compile statistics from which no one can be identified personally.

If you are applying as an individual, please complete 7a, 8a, and 9a below. If you are applying as a partnership, corporation, co-operative, or other association of persons, please provide age, education and experience information for the youngest and oldest applicant.

7a. Age (youngest partner/member/shareholder) ☐ Under 25 ☐ 25 - 34 ☐ 35 - 44 ☐ 45 - 54 ☐ 55 - 64 ☐ 65 +	7b. Age (oldest partner/member/shareholder) ☐ Under 25 ☐ 25 - 34 ☐ 35 - 44 ☐ 45 - 54 ☐ 55 - 64 ☐ 65 +
8a. Highest level of education (youngest partner/member/shareholder) ☐ Some elementary school or some secondary (high) school (include ungraded and special education) ☐ Completed secondary (high) school (graduation certificate or equivalent) ☐ Some post-secondary, including college or university courses ☐ Completed college or university certificate or diploma below bachelor level (e.g. trade, technical, or vocational school, agricultural diploma, business college, community college, CEGEP) ☐ Completed university degree (bachelor's and above)	8b. Highest level of education (oldest partner/member/shareholder) ☐ Some elementary school or some secondary (high) school (include ungraded and special education) ☐ Completed secondary (high) school (graduation certificate or equivalent) ☐ Some post-secondary, including college or university courses ☐ Completed college or university certificate or diploma below bachelor level (e.g. trade, technical, or vocational school, agricultural diploma, business college, community college, CEGEP) ☐ Completed university degree (bachelor's and above)

9a. **Years of management experience in the day-to-day operation of a farm**
(youngest partner/member/shareholder)

- ☐ Less than 6 years (Beginning farmer)
- ☐ 6 - 15 yrs
- ☐ 16 - 25 yrs
- ☐ 26 - 35 yrs
- ☐ 36 - 45 yrs
- ☐ 46 + yrs

9b. **Years of management experience in the day-to-day operation of a farm**
(oldest partner/member/shareholder)

- ☐ Less than 6 years (Beginning farmer)
- ☐ 6 - 15 yrs
- ☐ 16 - 25 yrs
- ☐ 26 - 35 yrs
- ☐ 36 - 45 yrs
- ☐ 46 + yrs

Section 2 - Type of Service

10. What type of service are you applying for (check one)?

- ☐ Farm Business Assessment (Farm Financial Assessment and Action Plan)
- ☐ Farm Financial Assessment
- ☐ Action Plan
- ☐ Follow-up

Note: You will have to provide current basic financial records to the consultant.

Section 3 - Choosing a Consultant

A list of qualified consultants with their names, addresses, and a brief summary of their qualifications is attached as Appendix A. If you obtain this application form from the AAFC website, the list of consultants for your province can be obtained at http://www.agr.gc.ca/ren/cfbas/form_e.cfm. A copy of the list of consultants can also be obtained by contacting the Agri-Renewal office listed in Section 6 below.

Please choose one of these consultants to work on your Farm Financial Assessment and/or Action Plan.

The consultant that I/we have chosen from the list is:

Name

The Canadian Agri-Renewal Services office in your region will make the contracting arrangement with the consultant. If you cannot find a consultant in your area, please contact the office to help you in finding a consultant.

CFBAS will not pay for any services provided by the consultant before signing the contract.

You will not be responsible for the consultant's travel costs if your farm is within a travel radius of 100 kilometres of the consultant's place of business. However, if you choose a consultant who is further than 100 kilometres from your farm and the list includes a consultant whose office is within the radius, you will be responsible for any additional travel costs incurred, if requested by the consultant.

I/we agree to pay \$100 service fee* to the consultant for the complete service or any part of it, at the time of the consultation visit.

* The \$100 service fee will be waived for participants of the Canadian Farm Families Options Program.

Section 4 - Declarations and Consent to Use Personal Information

By submitting this form for benefits under the Canadian Farm Business Advisory Services, I/We:

- certify that this information is complete and correct;
- authorize Agriculture and Agri-Food Canada (AAFC), and the Ministre de l'Agriculture, des Pêcheries et de l'Alimentation du Québec, their agents, servants, contractors and employees to have access to any and all records, books, papers, and other documentation concerning my/our financial affairs to the extent reasonably required for purposes of the CFBAS;
- authorize AAFC, the Ministre de l'Agriculture, des Pêcheries et de l'Alimentation du Québec, and their agents to collect the information contained on or with this application, including but not limited to personal information. Any or all of these parties can use the information, other than the information supplied in Fields 7, 8 and 9 concerning age, educational background and years of farming experience, to verify or assess the application, as well as to administer, audit, analyze and evaluate the Renewal programs that AAFC administers;
- authorize AAFC to use any personal information supplied in Fields 7, 8 and 9 concerning age, educational background and years of farming experience to analyse, evaluate and improve CFBAS and for the purpose of designing new Renewal programs provided AAFC keeps my/our identity confidential and uses it only to compile statistical information which cannot be used to identify the source of that information;
- understand that the personal information provided on this form will be protected under the provisions of the *Privacy Act* and the *Access to Information Act* of Canada. The information will be held in the Farm Business Assessment (FBA) Personal Information Bank AAFC PPU 601 and disclosed, as may be required in accordance with the *Privacy* and *Access to Information Acts*.
- understand that failing to comply with all other application requirements may delay the processing of the application, or may make me/us ineligible for receiving assistance under the program;
- acknowledge that my/our completing this application form does not oblige AAFC, the Ministre de l'Agriculture, des Pêcheries et de l'Alimentation du Québec, their agents, servants, and employees to provide funding for the services herein;
- acknowledge that the Minister of Agriculture and Agri-Food Canada, and the Ministre de l'Agriculture, des Pêcheries et de l'Alimentation du Québec, their officers, servants, and agents accept no responsibility nor will they be held liable for any claims, demands, losses, or actions which may be made or taken against them, rising out of the advice, operation or any other action related to the CFBAS.

Section 5 - Signature(s)

Disclaimer: The Minister of Agriculture and Agri-Food Canada, and the Ministre de l'Agriculture, des Pêcheries et de l'Alimentation du Québec, their officers, servants, and agents accept no responsibility nor will they be held liable for any claims, demands, losses, or actions which may be made or taken against them, arising out of advice, operation or any other action related to the Canadian Farm Business Advisory Services.

Dated this _____ day of _____, _____ at _____
(day) (month) (year) (location)

Please sign below if applying as a proprietorship (individual(s))

Please sign below if applying as a partnership, corporation,
co-operative or other association of persons

Signature of applicant

Signature of authorized officer

Signature of applicant

Signature of authorized officer

Section 6 - Submitting the Application

Please call **1-866-680-1858** to be automatically transferred to a program specialist in your region who will provide mailing instructions for the submission of your completed application.