

Frost Loss Program Application

Applications will be accepted up to March 15, 2019

Eligibility and Application Requirements Checklist:

1. ☐ Completed Program Funding Registration (PRF) Form with current Farm Registration Number
 - Is the PFR Form attached? ☐ Yes ☐ No ☐ Already submitted
2. ☐ At least 19 years of age
3. ☐ Are a commercial farm operation
4. ☐ Copies of 2018 crop production records and either interim farm financial statements or farm income receipts for crops impacted by the Frost/Freeze in June 2018.
5. ☐ Copies of crop production records and Statements of Farming Activities ((T2042, T1273) or Schedule 125 Farm Revenue – detailing sales by commodity revenue code for the past three (3) years. See guidelines for details.
6. ☐ Enrollment confirmation for 2019: AgriStability Participant Identification Number (PIN) or AgriInsurance Contract Number : ☐ Yes ☐ No * *Completion of Section 4 required*

Note: The above requirements must be met. Incomplete applications will not be processed.

File Number	Date Received	Environmental Risk Score
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Section 1 - Applicant Information

Business/Farm Name		Applicant Name	
Complete this section only if different from Program Funding Registration Form	Applicant Title/Position		
	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Owner/Operator/Partner</div> <div style="width: 33%;"><input type="checkbox"/> Director</div> <div style="width: 33%;"><input type="checkbox"/> Secretary</div> <div style="width: 33%;"><input type="checkbox"/> Project Lead</div> <div style="width: 33%;"><input type="checkbox"/> President</div> <div style="width: 33%;"><input type="checkbox"/> Shareholder</div> <div style="width: 33%;"><input type="checkbox"/> CEO</div> <div style="width: 33%;"><input type="checkbox"/> Manager</div> <div style="width: 33%;"><input type="checkbox"/> Department Representative</div> <div style="width: 33%;"><input type="checkbox"/> Executive Director</div> </div>		
	Telephone	Cellular	Email

Section 2 - Details about your Farm Production (Past 3 year average)*

Type of crops	Number of acres	Production (lbs, bushels, tons ,bins etc)

Section 3 - Details about your Farm Production (2018)*

Type of crops	Number of acres	Production (lbs, bushels, tons ,bins etc)

** If more crops were impacted, please specify on a separate attached page.*

Section 4 – Agri-Stability Participant Identification Number (PIN) / AgriInsurance Contract Number

Program	PIN / Contract Number
AgriStability	
AgriInsurance	

Statement of Certification

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

- to the best of my knowledge and ability, that the information provided on this application form is accurate;
- that 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 submitted with this application including access to suppliers and other third party records, AgriStability and AgriInsurance. Such audit and verification may be performed by the Department of Agriculture or other parties chosen by 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 or Province of Nova Scotia, where the Information is relevant for the purposes of audit, analysis, evaluation, program development and determining assistance;
- I agree to repay any amount determined through audit or inspection that is deemed to have been provided in excess of the government contributions to which I am entitled;
- I consent to the release of my name and the amount of any support received under the Program as public information, to be actively disseminated by the Province of Nova Scotia;
- 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 confidentiality and disclosure provisions of the *Freedom of Information and Protection of Privacy Act (FOIPOP)*; and
- I confirm that I have the authority to bind the applicant.

Applicant Name (print)

Applicant's Signature

Date

Return completed form and documents above to:

**Nova Scotia Department of Agriculture
Programs and Business Risk Management Division**

74 Research Drive , Bible Hill, NS B6L 2R2

Questions? Call 902-893-6377 or 1-866-844-4276, Fax: (902) 893-7579

Email: prm@novascotia.ca Website: novascotia.ca/programs

☐ Je préfère recevoir tous les formulaires de demande en français.