Agricorp®
An agency of the Government of Ontario

# 2017 Year-end Report and Claim Form
## AgriStability

*This form is required to consider your operation for a possible AgriStability payment.*

### Section A: Customer information

Business name:
Civic number and road name:
City/Town, province, postal code:
Primary business phone number:

Agricorp ID:
AgriStability PIN:
Business structure:
Business number (BN):

### Corporate structure (if a corporation)

| Shareholder name | AgriStability PIN | Percentage owned |
|---|---|---|
| | | |
| | | |
| | | |

### Farming operation(s)

*Submit a separate Year-end Report and Claim Form for each business where all aspects of the farm operations (e.g., accounting, bank accounts, income tax filing, crop harvest and storage) are completely separate. Each partner must submit a separate form, except for Sections C and D. For Sections C and D, report information once for the whole farm at 100 per cent ownership.*

| Farm name | Your partner name(s) | Your percentage owned | Method of accounting | Fiscal year-end |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

### Section B: Profile questions

*Answer the following questions as they relate to the 2017 program year. Provide details about your answers to the following questions in the Notes field at the end of this section. For timely processing, please ensure your information is complete.*

1. Did you complete six months of farming activities, including a production cycle, and incur allowable expenses in the program year? ☐ Yes ☐ No

2. Was your operation affected by significant changes or circumstances in the program year? (check all that apply)

- ☐ Downsizing
- ☐ Expansion
- ☐ Large-scale breeding stock replacement
- ☐ Other (please describe in Notes)
- ☐ Change in commodities
- ☐ Change in ownership
- ☐ Disaster or disease
- ☐ None

3. Did you, your spouse or another member of your operation have an ownership interest in any other farm or agriculture-related business in the program year? ☐ Yes ☐ No

4. Did your operation have any transactions with related or non-arm's length parties in the program year? (check all that apply)

- ☐ Joint ventures
- ☐ Transactions not at fair market value
- ☐ Other (please describe in Notes)
- ☐ Income splitting
- ☐ Group purchasing
- ☐ None

2016-11-16

**Farm name:** **Agricorp ID:**

5. Was your operation involved in value-added processing or commodity resales in the program year? (check all that apply)

- ☐ Marketing agricultural inputs (feed, seed)
- ☐ Operating a grain elevator
- ☐ None
- ☐ Farm-gate retail
- ☐ Other (please describe in Notes)

6. Was your operation involved in any of the following in the program year? (check all that apply)

- ☐ Member of feeder cattle cooperative
- ☐ Contract feeding
- ☐ Custom feeding livestock
- ☐ None
- ☐ Sharecropping as landlord
- ☐ Sharecropping as tenant
- ☐ Production outside Ontario

## Custom feeding arrangements

| Type of custom-fed livestock | Unit (head) | Number fed | Price received per lb. | Total lb. gained | Owner of custom-fed livestock |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

## Sharecropping arrangements

| Crop | Total acres or yield | Your share | |
|---|---|---|---|
| | | Percentage of acres or yield | Percentage of input costs |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## Notes

*Provide details about the answers you gave above. For timely processing, please ensure your information is complete.*

**Farm name:** **Agricorp ID:**

## Section C: Production and sales

*Each partner must submit a separate Year-end Report and Claim Form, except for Sections C and D. For these sections, report information once for the whole farm at 100 per cent ownership. Report information as it relates to the 2017 program year.*

### Crop report

Did you grow or sell any crops in the program year? ☐ Yes ☐ No

| Crop | Acreage (square feet for greenhouses) | | | | Production and sales (e.g. bu., tonnes) | | |
|---|---|---|---|---|---|---|---|
| | Unit | Total acres | Acres for sale | Acres for feed | Production unit | Total produced | Quantity sold |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| New and non-bearing | | | | | | | |
| Unseeded | | | | | | | |
| Pasture | | | | | | | |

### Livestock report

Did you have livestock in the program year? ☐ Yes ☐ No

#### Breeding livestock

Did you have breeding livestock in the program year? ☐ Yes ☐ No

| Type of breeding female | No. that birthed (head) | No. of live births (head) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

#### Purchases of breeding and market livestock

Did you buy livestock in the program year? ☐ Yes ☐ No

| Type of purchased livestock (by weight category) | Unit | No. purchased |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**Farm name:** **Agricorp ID:**

## Sales of breeding and marketed livestock

Did you sell livestock in the program year? ☐ Yes ☐ No

| **Type of livestock sold** (by weight category) | **Unit** | **No. sold** |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

## Section D: Year-end inventories

*Provide a complete inventory of all crops, livestock and inputs like feed and seed on hand at the end of 2017.*

## Crop inventory at year-end

Did you have crops in inventory at the end of the program year? ☐ Yes ☐ No

| **Crop** | **Unit** | **Year-end inventory** |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

## Livestock inventory at year-end: breeding and market animals

Did you own livestock at the end of the program year? ☐ Yes ☐ No

| **Type of livestock** (by weight category) | **Unit** | **Year-end inventory** |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

## Purchased inputs and crops-in-ground

Do you have purchased inputs or crops-in-ground to report? ☐ Yes ☐ No

*Purchased inputs include items like seed, fertilizer, feed, fuel and other prepaid expenses. For crops-in-ground, which were not mature at the end of your fiscal year, report the dollar value of the associated inputs.*

| **Type of purchased input or crop-in-ground** | **Year-end amount** ($) |
|---|---|
| | |
| | |
| | |
| | |
| | |

**Farm name:** **Agricorp ID:**

## Accounts receivable

Do you have accounts receivable for allowable income to report? ☐ Yes ☐ No

| Account receivable | Year-end amount ($) |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

## Accounts payable

Do you have accounts payable for allowable expenses to report? ☐ Yes ☐ No

| Account payable | Year-end amount ($) |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

**Farm Name:** **Agricorp ID:**

## Section E: Authorized contacts on file for AgriStability

*For timely processing, ensure your authorized contacts (e.g., agents) are up to date. To update your authorized contacts, please contact Agricorp or sign in to agricorp.com as soon as possible. The form used to change your authorized contacts also specifies what actions each type of contact is authorized to do on your behalf.*

## Section F: Agreement and signature

*You must sign this declaration to confirm you understand and agree to abide by the terms and conditions of the AgriStability program (the "Program") as set out below and in the* AgriStability Program Guideline*s (the "Guidelines"), which are available on agricorp.com or on request. The division of this declaration into sections and the insertion of headings are for convenience of reference only and are not to affect the interpretation of this declaration.*

***Attention agents and other authorized contacts:*** *if you are an authorized representative submitting this form on behalf of the participant, you must review with and obtain the participant's express agreement to these terms and conditions, as well as the contents of this form. For purposes of this declaration, "I" refers to the participant.*

**I certify that:**

**General**

1. I will abide by all terms, conditions and procedures of the Program and meet the eligibility requirements, as more fully set out in the Guidelines.
2. I remain bound by the terms and conditions set out in the original participant declaration that I signed when I first joined the Program, subject to amendments that Agricorp may make from time to time, including but not limited to, as a result of changes to the Program or as required by law. By participating in the Program, I am deemed to have accepted these terms and conditions.

**Accuracy of information**

3. All information submitted on this form and provided to Agricorp under the Program is complete, accurate and not misleading, and it is my obligation to ensure that all information provided to Agricorp by my authorized representatives or any other party on my behalf is complete, accurate and not misleading. I will also promptly notify Agricorp of any changes to the information. If Agricorp determines, in its absolute discretion, that false or misleading information has been provided under the Program, I may be denied current and future participation in the Program for up to two additional Program years, and be denied payment of, or required to repay, any Program payments.

**Using and sharing information**

4. Information collected under the Program may be used and disclosed for the purposes of administering, auditing and evaluating the following programs, including my participation in these programs: (a) the Program, (b) the Farm Business Registration program and other programs administered by Agricorp, and (c) other farm income and special assistance programs. Information may be shared with the Canada Revenue Agency, and may also be shared with the Ontario Ministry of Agriculture, Food and Rural Affairs, Agriculture and Agri-Food Canada and other provincial or federal ministries or agencies for the purpose of developing other agricultural policies and programs and for recovering overpayments.

**Overpayments and recoveries**

5. Any payments that I received under the Program beyond the amount I am entitled to, or in contravention of (a) any Program requirements, (b) the obligations set out in this form, or (c) the laws of Ontario or Canada, will be considered an overpayment and a debt due and payable to the Crown in right of Ontario or Canada. Overpayments will be repaid either by offset from payments owing to me under this Program or any other program administered or delivered by Agricorp, or under federal and/or provincial income tax and other federal and/or provincial programs, or by payment to Agricorp upon demand, including any interest on such overpayments at the rate set quarterly by the Ontario Ministry of Finance. This obligation is not subject to a limitation period and will survive any cancellation or termination of my participation in the Program.
6. Any funds payable to me under this Program may be subject to recovery or offset against any pre-existing debts I may have to the Crown in right of Ontario or Canada.

**If I am signing this document on behalf of a corporate entity, I certify that I am an officer of that corporate entity with lawful authority to sign on behalf of and to bind that corporate entity.**

| Name (please print) | Signature (not required here for online submission)<br>X | Date<br>YYYY/MM/DD |
|---|---|---|

## Section G: Submit completed form

### Mail or fax

Agricorp
1 Stone Rd. W.
P.O. Box 3660, Stn. Central
Guelph ON  N1H 8M4
Fax: 519-826-4334

### Questions?

1-888-247-4999
Mon. to Fri., 7 a.m. to 5 p.m.
agricorp.com
contact@agricorp.com
TTY: 1-877-275-1380



Growing Forward 2 Ontario Canada