

Application Growing Future Opportunities Initiative Apples

Complete this application to apply for funding under the Growing Future Opportunities Initiative for apples. Applications are accepted on a first-come, first-served basis beginning **November 20, 2023 at 10:00 am**. **Applications will not be accepted before this date**. For full details, see the initiative guidelines (available on agricorp.com).

Section A: Other funding (if applicable)

If you received funding from any federal-provincial-municipal source meant to address the costs incurred that are covered by this Initiative, provide details below.

Important: Acres already replanted using other funding sources are not eligible under this Initiative.

Section B: Applicant information

| Business name (for sole proprietor, use first, middle and last name; for corporations, use incorporated name) Correspondence language | | | | | |
|---|---|-----------------------------------|--|--|--|
| | English French | | | | |
| Operating name (if different from above) | Website address | | | | |
| Agricorp ID (if you have one) | Business number (Canada Revenue Agency) | Farm Business Registration number | | | |
| A | | | | | |

| Section C: Mailing address | |
|---|--|
| If you have provided an Agricorp ID, skip to Section D. | |

Business mailing address (include civic number and road name)

| City/Town | | Province | Postal code |
|-----------------------------------|-------------------------------------|-------------------|-------------|
| | | | |
| Primary business telephone number | Alternate business telephone number | Business fax numb | er |
| | | | |

Section D: Signing authority

Please list up to two signing authorities for your business. Signing authorities can conduct all transactions related to your business, including signing cheques, enrolling in a program, and renewing, changing or cancelling your coverage.

| Primary contact | | | | | |
|---------------------------------|---------------------------|-------------------|---------------|------------------------------|-----------------------|
| First name | | | Last name | | |
| Business telephone numb | per | Extension | Email addı | Email address | |
| Secondary contact | | | | | |
| First name | | | Last name | : | |
| Business telephone number | | Extension | Email addı | Email address | |
| Section E: Your opera | tion | | | | |
| Provide the following infor | rmation about your operat | ion. For definiti | ons of terms, | see the initiative guideline | S. |
| Business structure | | | | | |
| □ Sole proprietor □ Corporation | | Partnership | | ☐ Unincorporated association | |
| Business type | | | | | |
| Primary producer | Processor | | | | |
| Gross annual revenue | | | | | |
| □ Under \$10,000 | □\$10,000-\$24,999 | □\$25,000- | -\$49,999 | □ \$50,000–\$99,999 | □ \$100,000–\$249,999 |
| □ \$250,000-\$499,999 | □\$500,000-\$999,999 | □\$1M–\$1. | 99M | □ \$2M-\$4.99M | □ \$5M-\$9.99M |
| □\$10M-\$49.99M | □\$50M-\$99.99M | □\$100M–3 | \$199M | \Box \$200M and over | □ Not-for-profit |

Employees

| No. of full-time employees | No. of part-time employees | No. of temporary/seasonal |
|-----------------------------|-------------------------------|---------------------------|
| (30 hours or more per week) | (Less than 30 hours per week) | employees |
| | | |

| Se | Section F: Eligibility | | | | | |
|-----|---|------------|--|--|--|--|
| Ple | Please certify your eligibility for the Growing Future Opportunities Initiative for Apples. | | | | | |
| 1. | I have confirmed a market for the variety or sport of apples being planted with funding under this Initiative. | □ Yes □ No | | | | |
| 2. | I will plant the apples using a high density approach (e.g., a minimum of 900 trees per acre). | 🗌 Yes 🗌 No | | | | |
| 3. | I am not planting or claiming for acreage already covered under another program offered by any level of government. | 🗌 Yes 🗌 No | | | | |
| 4. | The land has been used for the commercial production of apples within the past 3 years. | 🗌 Yes 🔲 No | | | | |

Section G: Project information

Provide the following information about your project.

Important: You may be eligible to receive a maximum of \$50,000 in total funding for <u>all</u> commodity categories (e.g., apples, pears, peaches, nectarines, plums, apricots, cherries, table grapes, and wine grapes).

Funding for commodity category – Apples

| Cost of new | Total project value | Funding amount |
|---------------|---------------------------|----------------|
| nursery stock | (replant and other costs) | requested (C) |
| (A) | (B) | (A × 75%) |
| \$ | \$ | \$ |

Wine grapes (if applicable)

I am interested in applying for funding for wine grapes under the Growing Future Opportunities Initiative at a later date. \Box Yes \Box No **Note:** You must apply for funding for wine grapes separately. The application form will be available on agricorp.com.

| Project location (largest field you will be replanting) | | | | | |
|---|--|--|---|----------|-------------|
| Orchard ID/name | | Address (include civic number and road name) | | | |
| City/Town | | Municipality | F | Province | Postal code |
| Premises ID | | | | | |
| 0 N | | | | | |

Removal and planting activities

| Drchard ID/name | Apple variety or sport to be removed | Apple variety or sport to be planted | Expected date of tree removal (YYYY/MM/DD) | No. of acres to be removed |
|-----------------|---|---|--|----------------------------------|
| | | | (((((((((((((((((((((((((((((((((((((((| |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Attach additional pages as required.

Section H: Agreement and signature

I understand, agree and certify that:

General

- 1. I have read, understand and agree to be bound by all of the Growing Future Opportunities Initiative terms and conditions, including its eligibility requirements, entitlements and obligations as contained in this application and described in the Guidelines.
- 2. To the best of my knowledge, information and belief, all information submitted on this application is accurate and true.
- In the event of an error, omission, conflict or inconsistency between this application and the Guidelines, the Guidelines will prevail. I further accept that in the event of an error, omission, conflict or inconsistency between the Guidelines and the Minister's Order, the Minister's Order prevails.

Using and sharing information

4. The information collected for the purposes of this Initiative is subject to the *Freedom of Information and Protection of Privacy Act* and other applicable laws. The information collected under the Initiative, or under other programs administered by Agricorp or the Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA), may be shared between Agricorp and any government department/ ministry, agency or third party to verify compliance with other provincial and federal funding initiatives, to confirm the information provided, to verify eligibility for Initiative funding, and to identify funds that may be owing to the Province of Ontario under any other provincial funding program. Information may also be shared for the purposes of

administering and auditing the Initiative as well as other programs administered by Agricorp or by OMAFRA, or for developing other programs and agricultural policies.

5. Agricorp may use information mapped by Agricorp for the Ontario Apple Growers contained in the Data Management System (DMS) for the purpose of evaluating eligibility and administering the Initiative.

Overpayments and recoveries

- Any payments that I receive under the Growing Future 6. Opportunities Initative beyond the amount I am entitled to in the program year, or in contravention of: (a) any program requirements. (b) the obligations set out in this form, or (c) the laws of Ontario, will be considered an overpayment and a debt due and payable to the Crown in right of Ontario. I confirm that any overpayments, plus any interest accruing at the quarterly rate set by the Ontario Ministry of Finance, will be repaid either by: (a) offset from payments owing to me under this or any other initiative or program administered or delivered by Agricorp, or under other federal and/or provincial income tax and other federal and/or provincial programs, or (b) payment to Agricorp upon demand. My obligation to repay and Agricorp's right to recover overpayments are not subject to any limitation period and will survive even if I stop participating in the Initiative.
- If I have any pre-existing debts to the Crown in right of Ontario or Canada, the amounts of these debts may be deducted from any funds otherwise payable to me under this Initiative.

I have read and agree to the terms outlined above.

| Name of applicant (please print) | Signature (not required for emailed applications) | Date (YYYY/MM/DD) |
|----------------------------------|---|-------------------|
| | x | |
| Name of partner (please print) | Signature (not required for emailed applications) | Date (YYYY/MM/DD) |
| | x | |

Attach additional pages as required.

Notes

For corporations, the signatory must be an authorized signing authority. For partnerships, all partners must sign. Your submission of this application by email will be treated as the equivalent of an electronic signature.

Section I: Submit completed form

Email or fax

GFOI@agricorp.com Fax: 519-826-4118 Questions? 1-888-247-4999 agricorp.com GFOI@agricorp.com TTY: 1-877-275-1380 Accessible formats available

Application – Growing Future Opportunities (Apples)





Page 5 of 5





Appendix Demographic Questions (voluntary)

Answering the following questions is voluntary. You will still be eligible to participate in the Growing Future Opportunities Initiative if you decline to provide this information. Your answers to the questions will have no impact on the assessment of your application.

- 1. Are the shares of your business/organization owned by a majority of individuals (50% or more) who identify as being one or more of the following Persons? (Select all that apply)
 - □ Indigenous Person: First Nations
 - Indigenous Person: Métis
 - Indigenous Person: Inuit
 - □ Indigenous Person: Unknown/Other
 - Women: refers to all people, including trans people who identify as a woman
 - ☐ Youth: 40 years old and younger
 - Not applicable
 - Decline to identify
- 2. On your Board of Directors, are one or more of the following groups significantly represented? (i.e., 30% or more) (Select all that apply)
 - Individuals who identify as being an Indigenous Person: First Nations
 - Individuals who identify as being an Indigenous Person: Métis
 - Individuals who identify as being an Indigenous Person: Inuit
 - □ Individuals who identify as being an Indigenous Person: Unknown/Other
 - Women: refers to all people, including trans people who identify as a woman
 - ☐ Youth: 40 years old and younger
 - Not applicable
 - Decline to identify
- 3. Will any of the following groups benefit from the activities of your project? (Select all that apply)
 - Individuals who identify as being an Indigenous Person: First Nations
 - Individuals who identify as being an Indigenous Person: Métis
 - Individuals who identify as being an Indigenous Person: Inuit
 - Individuals who identify as being an Indigenous Person: Unknown/Other
 - Women: refers to all people, including trans people who identify as a woman
 - ☐ Youth: 40 years old and younger
 - Not applicable
 - Decline to identify