



An agency of the Government of Ontario

Application Canada-Ontario Grapevine Winter Injury Initiative (2021-22)

Complete this application to apply for funding under the Canada-Ontario Grapevine Winter Injury Initiative (2021-22). The initiative is available for eligible grape growers who experienced significant grapevine injury losses during the winter of 2021-22. For full program details, see the Canada-Ontario Grapevine Winter Injury Initiative (2021-22) Guidelines (available on agricorp.com). The last day to submit an application is **August 21, 2023**.

Section A: Applicant information

Select one Sole proprietor Corporation Partnership Unincorporated association

Business name (for sole proprietor, use first, middle and last name; for corporations, use incorporated name)		Correspondence language <input type="checkbox"/> English <input type="checkbox"/> French
Operating name (if different from above)		Grape Growers of Ontario (GGO) number
Agricorp ID (if you have one) A	Business number (Canada Revenue Agency)	Farm Business Registration number

Section B: Mailing address

If you have provided an Agricorp ID, skip to **Section C**.

Business mailing address (include civic number and road name)

City/Town	Province	Postal code
Primary business telephone number	Alternate business telephone number	Business fax number

Section C: 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 number	Extension
Email address	

Secondary contact

First name	Last name
Business telephone number	Extension
Email address	

2023-07-05

Section D: Your operation

Provide the following information about your operation. For definitions of terms, see the program guidelines.

Eligibility

I am an active grower and have marketed wine processing grapes or late harvest juice within the past two years, or I am a new commercial grower with young vineyard plantings that will reach mature production within two years. Yes No

I have experienced an extraordinary grapevine winter injury loss rate representing 3% or more of my entire acreage by grape category due to the cold weather event (2021-2022). Yes No

I have purchased and/or ordered replacement grapevines and have retained receipts or supporting documentation to support these costs. Yes No

I have already and/or will be replanting or retraining vines that either died or were damaged during the cold weather event (2021-2022). Yes No

I understand that I am not eligible for both the replacement compensation and the trunk renewal compensation on the same grapevines impacted by the cold weather event. Yes No

Grapevine inventory 2021-22

Category (Vinifera, Labrusca, Hybrid)	Total no. of grapevines (per acre)	Total acreage (as of November 1, 2021)	Dead grapevines (due to 2021-22 winter injury)		Damaged grapevines requiring trunk renewal (due to 2021-22 winter injury)		No. of replacement grapevines purchased/ ordered (due to 2021-22 cold weather event)	Date of purchase/ order (YYYY/MM/DD)	Do you have receipts? (to be provided upon request)
			No.	% of total	No.	% of total			
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
									<input type="checkbox"/> Yes <input type="checkbox"/> No
Total									<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach additional pages as required.

Section E: 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 the details below.

Section F: Agreement and signature

I understand, agree and certify that:

General

1. I have read, understand and agree to be bound by all of the Canada-Ontario Grapevine Winter Injury Initiative (2021-22) 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.
3. 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 as between the Guidelines and the Minister's Order, the Minister's Order prevails.
4. Eligible costs under this Initiative are for the purchase of Replacement Grapevines and Trunk Renewal costs. Removal of live vines is not an eligible cost.

Using and sharing information

5. 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.

6. If I participate in the eGrape program, Agricorp may access the information contained in the Data Management System (DMS) for the purpose of evaluating my eligibility and administering the Canada-Ontario Grapevine Winter Injury Initiative (2021-22), and may update my business information.
7. The Grape Growers of Ontario (GGO) will work with Agricorp and with the permission of growers to access eGrape information contained in the Data Management System (DMS) for the purpose to access mapping information for verification and audit purposes for the Canada-Ontario Grapevine Winter Injury Initiative (2021-22).

Overpayments and recoveries

8. Any payments that I receive under the Canada-Ontario Grapevine Winter Injury Initiative (2021-22) 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.
9. 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.

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

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 G: Submit completed form

Mail, fax or email

Agricorp
1 Stone Rd. W.
PO Box 3660, Stn. Central
Guelph ON N1H 8M4
Fax: 519-826-4118
grapes@agricorp.com

Questions?

1-888-247-4999
agricorp.com
grapes@agricorp.com
TTY: 1-877-275-1380
Accessible formats available