



# Growing Forward 2

A federal-provincial-territorial initiative

## BC FARM BUSINESS ADVISORY SERVICES PROGRAM

# GROUP APPLICATION Tier 2 Services



## GENERAL INFORMATION

Group applications will be assessed on the basis of each application received.

Funding is provided at 85% support up to \$3,000 per individual with any group receiving a maximum of \$30,000. If there are more than 10 applicants in a group the maximum funding does not change from the \$30,000.

Is each applicant an established farmer?  Yes  No

Does each applicant have BC Assessment Farm Status?  Yes  No

Has each applicant reported net farm income to Canada Revenue Agency  
In the past year?  Yes  No

Have any applicants had a Farm Business Assessment or other Business Planning completed under the previous Canada Farm Business Advisory Services Program?  Yes  No

**PROJECT DESCRIPTION (If you require additional space please attach after this page. For further information refer to our Tier 2 Deliverables.)**

Group Name	
Name of eligible Farm Business Advisor providing services for this application	

File Number (Office Use Only)	
Date Application Received	
Census Division	

**PRIMARY CONTACT** *(please print)*

Primary contact for this application			
First Name	Middle Name	Last Name	
Mailing Address		Farm Address	
City/Town/Village	Postal Code	Regional District	
Day Phone #	Alternate Phone #	Facsimile #	Email Address

**APPLICANT INFORMATION** *(please print)*

First Name	Middle Name	Last Name	Farm/Ranch Name (if applicable)
1			
Mailing Address		Farm Address	
City/Town/Village	Postal Code	Day Phone	Alternate Phone
Please indicate with a check mark	Established farmer	<input type="checkbox"/>	Beginning Farmer <input type="checkbox"/>

First Name	Middle Name	Last Name	Farm/Ranch Name (if applicable)
2			
Mailing Address		Farm Address	
City/Town/Village	Postal Code	Day Phone	Alternate Phone
Please indicate with a check mark	Established farmer	<input type="checkbox"/>	Beginning Farmer <input type="checkbox"/>

**Applicants cont'd** *(please print)*

First Name	Middle Name	Last Name	Farm/Ranch Name (if applicable)	
3				
Mailing Address			Farm Address	
City/Town/Village	Postal Code	Day Phone	Alternate Phone	
Please indicate with a check mark		Established farmer	<input type="checkbox"/>	Beginning Farmer <input type="checkbox"/>

First Name	Middle Name	Last Name	Farm/Ranch Name (if applicable)	
4				
Mailing Address			Farm Address	
City/Town/Village	Postal Code	Day Phone	Alternate Phone	
Please indicate with a check mark		Established farmer	<input type="checkbox"/>	Beginning Farmer <input type="checkbox"/>

First Name	Middle Name	Last Name	Farm/Ranch Name (if applicable)	
5				
Mailing Address			Farm Address	
City/Town/Village	Postal Code	Day Phone	Alternate Phone	
Please indicate with a check mark		Established farmer	<input type="checkbox"/>	Beginning Farmer <input type="checkbox"/>

**Applicants cont'd** *(please print)*

First Name	Middle Name	Last Name	Farm/Ranch Name (if applicable)	
6				
Mailing Address			Farm Address	
City/Town/Village	Postal Code	Day Phone	Alternate Phone	
Please indicate with a check mark		Established farmer	<input type="checkbox"/>	Beginning Farmer <input type="checkbox"/>

First Name	Middle Name	Last Name	Farm/Ranch Name (if applicable)	
7				
Mailing Address			Farm Address	
City/Town/Village	Postal Code	Day Phone	Alternate Phone	
Please indicate with a check mark		Established farmer	<input type="checkbox"/>	Beginning Farmer <input type="checkbox"/>

First Name	Middle Name	Last Name	Farm/Ranch Name (if applicable)	
8				
Mailing Address			Farm Address	
City/Town/Village	Postal Code	Day Phone	Alternate Phone	
Please indicate with a check mark		Established farmer	<input type="checkbox"/>	Beginning Farmer <input type="checkbox"/>

**Applicants cont'd** *(please print)*

First Name	Middle Name	Last Name	Farm/Ranch Name (if applicable)	
9				
Mailing Address			Farm Address	
City/Town/Village	Postal Code	Day Phone	Alternate Phone	
Please indicate with a check mark		Established farmer	<input type="checkbox"/>	Beginning Farmer <input type="checkbox"/>

First Name	Middle Name	Last Name	Farm/Ranch Name (if applicable)	
10				
Mailing Address			Farm Address	
City/Town/Village	Postal Code	Day Phone	Alternate Phone	
Please indicate with a check mark		Established farmer	<input type="checkbox"/>	Beginning Farmer <input type="checkbox"/>

## FARM TYPE AND SIZE

Please indicate the top 3 commodities you produce and the number of livestock or total area in production

	Applicant's Name	Commodities	Size
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

## DECLARATIONS AND CONSENT TO USE PERSONAL INFORMATION

By submitting this form for benefits under the Ministry of Agriculture Farm Business Advisory Services Program, I/we:

- Hereby declare that the information provided in this application is true and correct in every respect and that I/we have not applied more than once for each Tier 2 Service.
- Authorize the Province of British Columbia, its employees or agents to use the information contained within this application and data relating to my/our farming operation to verify this application and to administer, audit, analyze, evaluate, and improve the *Growing Forward 2* programs administered by the Province of British Columbia and the Government of Canada.
- Acknowledge that I/we are presently actively engaged in the farming entity (i.e. participate in the day-to-day operations of the farm) and am/are British Columbia resident(s) over 19 years of age.
- 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 the completion and submission of this application form does not oblige BC Ministry of Agriculture, their agents, servants, and employees to provide funding for the services herein.
- Agree to participate in an evaluation and/or audit of the program.
- Understand that personal information on this form is collected under the Freedom of Information and Protection of Privacy Act, s.26(c).
- The information collected will be used in furtherance of and in a manner consistent with an activity of the public body; that is the Farm Business Advisory Services Program being delivered under the Canada-British Columbia *Growing Forward 2* Framework and Bilateral Agreements.
- If you have any questions about the collection, use and disclosure of this information, contact: Clint Ellison, Agri-Food Business Development Specialist, Agri-Food Business Development Program, BC Ministry of Agriculture, 4607-23rd Street, Vernon, BC, Ph. 250-260-3000.

**SIGNATURE(S)**

**Disclaimer:** The British Columbia Minister of Agriculture and Lands and the Minister of Agriculture and Agri-Food Canada, 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 B.C. Farm Business Advisory Services program.

**NOTE - Work started on B.C. Farm Business Advisory Services projects prior to receiving approval from the B.C. Ministry of Agriculture will not be eligible for support under this program.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_, B.C.

- 1. \_\_\_\_\_  
Name of Applicant, *please print* \_\_\_\_\_  
Signature of Applicant
  
- 2. \_\_\_\_\_  
Name of Applicant, *please print* \_\_\_\_\_  
Signature of Applicant
  
- 3. \_\_\_\_\_  
Name of Applicant, *please print* \_\_\_\_\_  
Signature of Applicant
  
- 4. \_\_\_\_\_  
Name of Applicant, *please print* \_\_\_\_\_  
Signature of Applicant
  
- 5. \_\_\_\_\_  
Name of Applicant, *please print* \_\_\_\_\_  
Signature of Applicant
  
- 6. \_\_\_\_\_  
Name of Applicant, *please print* \_\_\_\_\_  
Signature of Applicant
  
- 7. \_\_\_\_\_  
Name of Applicant, *please print* \_\_\_\_\_  
Signature of Applicant
  
- 8. \_\_\_\_\_  
Name of Applicant, *please print* \_\_\_\_\_  
Signature of Applicant
  
- 9. \_\_\_\_\_  
Name of Applicant, *please print* \_\_\_\_\_  
Signature of Applicant
  
- 10. \_\_\_\_\_  
Name of Applicant, *please print* \_\_\_\_\_  
Signature of Applicant



**CHECK LIST - Please ensure you have included the following documents with the completed application form:**

- If you are applying as a beginning farmer or intend to establish a farm business, include proof of ownership and control of productive agricultural assets (owns/rents/leases) to generate farm income, and documentation demonstrating that the farm will generate annual gross farm income from sales of at least \$10,000.
- A copy of your completed farm action plan.
- The specialized business planning services project proposal completed by your Farm Business Advisor as noted in the deliverables information (signed by you and an eligible Farm Business Advisor).

**Forward your completed, signed application and supporting documentation to:**

**By Mail: B.C. Farm Business Advisory Services Program  
B.C. Ministry of Agriculture  
4607 23<sup>rd</sup> Street  
Vernon B.C. V1T 4K7**

**By Fax: 250 549-5488**

**By Email: [BCFBAS@gov.bc.ca](mailto:BCFBAS@gov.bc.ca)**

**For further information please contact:**

**B.C. Farm Business Advisory Services Program  
Phone: 1-877-702-5585**