

**2023 AgriStability
Interim Application**

Section A: Participant Information

Name (Last, First or Corporation Entity) _____

AgriStability PIN _____

Primary Contact Number _____

Email _____

Section B: Farm Information

Fiscal year end: _____
dd/mm/yyyy

Why are you applying for an interim payment? _____

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| 1. Have you completed a production cycle and six months of farming activity this fiscal year? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Were you unable to complete a production cycle due to circumstances beyond your control? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Have you submitted a complete AgriStability application for the prior year? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. Do you have Production Insurance for the program year? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. Do you have uninsured acres? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6. Has your productive capacity changed during the program year? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Section C: Program Year Farming Information

Income (indicate all that apply)

Income Categories	Estimated Total Received
Production Insurance Claim	\$
Livestock Price Insurance Program	\$
AgriRecovery and other Program Payments	\$
Agricultural Contract Income	\$

Livestock Production (see the Interim Application Guide 3F)

Description	Number of Births	Estimated Income
Breeding Cows		
Hog Farrowing		
Description	Number of Feed Days	Estimated Income
Custom Fed Cattle		
Custom Fed Hogs		
Description	Number of Animals	Estimated Income
Hogs, Farrow to Finish		
Feeder Cattle, fed up to 900 lbs		
Finished Cattle, fed over 900 lbs		
Poultry	Kilograms Produced	Estimated Income
Chicken, Broilers		
Turkey, Broilers		
Poultry	Number of Layers	Estimated Income
Chicken, Eggs for Hatching		
Chicken, Eggs for Consumption		

Expense (indicate significant changes in allowable expenses for the program year)

Expense Categories	Increase or Decrease (Y/N)	Estimated Total Expense Amount
Feed Purchase		\$
Livestock Purchases		\$
Seed and Plant Purchases		\$
Fertilizers, Pesticides, Soil Supplements		\$
Machinery (gasoline, fuel, oil)		\$
Arm's length Salaries		\$
Electricity		\$
Freight/Shipping		\$
Other allowable expenses (specify)		\$
		\$



Section C: Program Year Farming Information

Crop Production (see Interim Application Guide 3e)

Crop Description	Production Acres or m2	Estimated Total Production (Tonnes, lbs, Shrubs)	Unseedable Acres	Estimated Production Intended for Sale	Estimated Income
					\$
					\$
					\$
					\$
					\$
					\$
					\$

Crop and Livestock Inventory (see the Interim Application Guide 3g).

Description	Opening Inventory (Units)	Estimated Ending Inventory (Units)

Section D: Participant Declaration

By submitting this application form I

- certify that the information provided is complete and correct.
- understand and agree that as a condition of receiving an interim payment, I will meet all AgriStability participation requirements for the program year.
- agree to repay any amount received as an interim payment in excess of the final AgriStability payment for the program year.
- understand and certify that where I have provided information about other individuals and entities, I have been authorized by those individuals or entities to provide that information. I also understand and consent that where I have provided information about other individuals or entities, that should they request to see the information I have submitted about them, they will be given access to that information
- understand that the BC Ministry of Agriculture and Food has the right to deduct any payment pursuant to this application any amount due and owing to the BC Ministry of Agriculture and Food and that, under some conditions, there may be a right of deduction in favour of Canada or B.C. or both.

Signature (participant/authorized signatory)

Printed Name

Date (dd/mm/yyyy)

The British Columbia Ministry of Agriculture and Food (BCMAF) recognizes the importance of your personal information and the privacy surrounding it. Pursuant to provincial legislation and regulations BCMAF will not share or disclose any of your information unless otherwise required by law or for the purpose of programs offered by BCMAF. For all privacy concerns, please contact the Office of the Information and Privacy Commissioner for British Columbia (web site: www.oipc.bc.ca)

