

Financial Assistance for Replanting Apple Orchards Program

APPLICATION FORM

1. Business information

Ministerial identification number (NIM) *	FADQ Client No.	Québec enterprise number (NEQ)	
Name or business name*			Telephone no. (Home)
Business Email Address			Telephone no. (Mobile)
Address of the production site (Street no. or range) *	Municipality	Postal code	Telephone no. (Other)
Mailing Address (Street No. or range), if different	Municipality	Postal code	Fax no.

2. Eligibility Requirements (Check all that apply)

- In 2017-2018, I was insured under the Farm Income Stabilization Insurance Program for Apple products.
- I completed a replanting project between April 1, 2017 and May 30, 2021.
- I am participating in Phase 2 of the *Ministère de l'Agriculture, des Pêcheries et de l'Alimentation's Programme de modernisation des vergers de pommiers au Québec* (Quebec apple orchard modernization program).
- The replanted area has a minimum density of 450 trees/hectare.
- The planted apple trees are insured under Plan A offered for Group 6 "Apples" with the Crop Insurance Program, from the time they are planted until the program's scheduled end date.

Context:

To be eligible for the financial assistance offered by La Financière agricole du Québec, the business must meet the various eligibility criteria set out under the Program, including, among others, your participation in Phase 2 of MAPAQ's orchard modernization program.

If so, and considering that MAPAQ already has the information required to review your application, such as surface areas and year of implementation, we will require your express consent allowing MAPAQ to forward this information to us by signing this consent form.

La Financière agricole du Québec only collects information that is essential to the administration of the program and only the required data will be used for this purpose.

I hereby authorize MAPAQ to communicate to La Financière agricole any document and information deemed necessary for the purpose of determining my eligibility to this program. This consent is valid solely for determining my eligibility.

Name of representative (please print) *	
Signature of representative *	Date *

For more information, please read the [program's eligibility requirements](#).

(2020-08-23)

La Financière agricole du Québec

3. Description of Planted Orchards

Year	Area planted by type of tree (in hectares) Standard	Area planted by type of tree (in hectares) Dwarf	Area planted by type of tree (in hectares) Seme-dwarf
2017			
2018			
2019			
2020			
2021			

4. Statements and Commitments

Statements:

- I acknowledge that I have read the Financial Assistance for Replanting Apple Orchards Program and agree to abide by the conditions and obligations described therein.
- I certify that all information provided to La Financière agricole du Québec is true and complete.
- I certify that I am authorized to sign this application for financial assistance and that I can prove it upon request.
- I certify that the project complies with the various regulations in force, including, among others, compliance with the environmental standards established under the Environment Quality Act (chapter Q-2) and its Agricultural Operations Regulation.

Commitments:

- I agree to provide access to my business, and all related information, to representatives of La Financière agricole du Québec to verify the eligibility, performance and compliance of the work and the fulfillment of the requirements of this application for financial assistance.
- I agree to submit all required supporting documents attesting to the work performed and expenses actually incurred, and to acknowledge their authenticity at the time of the claim.

Name of representative (please print) *	
Signature of representative *	Date *

* Required fields