







PART A

The Prince Edward Island Department of Agriculture (PEIDA) is working to develop financial Support programs in coordination with the Government of Canada to assist with Hurricane Fiona relief. Producers may have previously completed the Application form for the Fiona Agriculture Support Program (2022/2023–2024/2025) administered by PEIDA.

Did you submit the application form for the PEIDA Fiona Agriculture Support Program by the deadline?

Yes

No
If you checked "yes," complete Part B. You do not need to complete Part C.

l,	(Name of Applicant/Signing Officer) submitted an Application to the						
Departr	ment of Agriculture for relief under the Fiona Agriculture Support Program for(myself/Name of Organization). I hereby consent and expressly authorize:						
a)	the Department of Agriculture to share information, including personal information, collected in the Application for relief under the Fiona Agriculture Support Program with the Agricultural Insurance Corporation and/or any other Federal counterpart (egs. Atlantic Canada Opportunities Agency, Agriculture and Agri-Food Canada) and/or						
b)	the use of the information, including personal information, collected in the Application for relief under the Fiona Agriculture Support Program						
	following purposes: to apply for and administer the 2022 Canada-Prince Edward Island Fiona Fruit Tree ery Initiative; and, any related audit activity.						
I certify	that the information given on this application is to the best of my knowledge complete, true, and accurate.						
	Name of Applicant/Signing Officer Signature of Applicant/Signing Officer Date (Please print)						









PART C

				Project/Client	# (Office Use Only):			
1.	Applicant Inform	ation						
Full Nar	Full Name (including middle name):							
Busines	s/Organization Nam	e:						
Mailing Address: Organization's Twitter Ha applicable)								
Village/	Town/City		Pro	ovince	Postal Code			
Telepho	one No.	Cellular No.	Fax	x No.	E-mail Address			
Agrilnsu	rance Client ID#: cable)			AgriStability Client ID#: (if applicable)				
Preferre	ed method of commu	nication:		L	☐ Other (please specify)			
☐ Tele	phone [☐ Cellular phone ☐ SM	S Te	ext Message ☐ Ema	il			
1.1		s or Organization	~f~ ~	matian. The following inf	iomonation in callegated under the			
authori		ne and complete the required in ax Act for the purposes of repo			ormation is collected under the a the eligibility of applicants.			
	•	rship (if you file to Canada Reve			<u> </u>			
	Social Insurance N	umber:						
	Incorporated Comp	any (if you file to CRA as a corpo	oratio	on)				
	CRA Business Nun	nber:						
	Partnership (if you file to CRA as a partnership.)							
	CRA Business Number:							
	Registered Charital	ole Organization / Not-for-Profit						
	Registration number	er:						
	Other Please Identify:							
	Registration number							









2. Funding									
Have you, or will you, apply for any other Provincial and/or Federal Government financial support for the extraordinary costs as a result of Fiona?									
☐ Yes ☐ No									
If yes, provide detailed information as indicated information and ind	If yes , provide detailed information as indicated below.								
Source of Funding	Type of Damages	Dollar Amount (Estimate)							
Ohashi's the Danis and Danis	4 -								
3. Checklist for Required Docum									
	ns to declare damage is March 31, 2024. The	e following documents are required for							
initial applications: Signed completed Application Form	m								
	ms(s) for the stream(s) you are applying for ((Application Form – Appendix A.)							
	Canada Revenue Agency documents, include								
 Tax return (T1 General) for 	· · · · · · · · · · · · · · · · · · ·	3							
 Statement of Farming Ac 	tivities (T2042 or T1273)								
Corporation Income Tax Return (T2) if Business/Company									
☐ For businesses, a copy of T4's for all employees is required.									
Photo evidence of damages and losses as a result of Fiona									
A copy of Orchard Damage Asses	☐ A copy of Orchard Damage Assessment or equivalent.								
Note: Please keep a record of invoices and	receipts that support the extraordinary costs	incurred as a result of Fiona for claim							
Note: Please keep a record of invoices and receipts that support the extraordinary costs incurred as a result of Fiona for claim. The deadline to submit invoices and receipts for work completed is December 31, 2024.									

4. Declarations and Consent to Use Personal Information

By submitting this form for project funding, I/We:

- Certify that all information submitted on this application and in the appendices is accurate, true and correct;
- Have read the Program Guidelines and am/are in compliance with all program eligibility requirements contained in the Program Guidelines and Application Form;
- Certify that I/we will supply, on request, to the P.E.I. Department of Agriculture (PEIDA), The P.E.I. Agricultural Insurance Corporation (P.E.I.AIC) or their representative, any documentation they consider necessary to administer this Initiative;
- Consent to third parties, including Canada Revenue Agency (CRA), disclosing, upon request, information that PEIDA and/or P.E.I.AIC considers necessary for the purpose of administering the Initiative;
- Agree that PEIDA and P.E.I.AIC can share between themselves any information contained on this application form as well as any documentation requested;
- Agree that PEIDA and P.E.I.AIC may review, as necessary, information held by the respective governments related to other
 programs in which I/we am/are enrolled, including Agrilnsurance and AgriStability, to verify the information provided on this
 application form;
- Understand that PEIDA and P.E.I.AIC may pro-rate payments, or impose limits on amounts otherwise payable, where all applications made under the Fiona AgriRecovery Initiative exceeds the amount of funds available.
- Agree to return all or part of the funds received under this Initiative to PEIDA and P.E.I.AIC if it has been determined that an









overpayment has been made for any reason including on the basis of an audit which establishes that the funds have been received in contravention of the Initiative Guidelines, these obligations, and/or laws of the Province of Prince Edward Island and federal laws of Canada;

- Understand that the Social Insurance Number, Business Number, and/or Charity Registration Number is collected under the authority of the Income Tax Act for the purposes of reporting income;
- Agree that information provided for purposes of the Initiative may be shared with the Canada Revenue Agency as it pertains to
 any potential taxable benefits, as well as with AAFC or its agent regarding claims, audits, and evaluations as it relates directly to
 and is necessary for this Fiona AgriRecovery Initiative;
- Agree to disclose other sources of financial assistance from, but not limited to, the federal, provincial, or municipal governments in respect of the purpose of this if applicable;
- Understand that personal information on this form is collected under Section 31(c) of the Freedom of Information and Protection
 of Privacy Act R.S.P.E.I. 1988 c. F-15.01 as it relates directly to and is necessary for the Initiative. It will be used for determining
 eligibility for assistance and will be shared with the Canada Revenue Agency regarding the taxable benefit;
- Understand that payments will be considered allowable income, for the purposes of the AgriStability program in the program year only;
- Understand that AgriRecovery Initiative payments will not be considered allowable income for the calculation of reference margins under the AgriStability program;
- Understand that AgriRecovery Initiative payments will not be considered allowable income for the purposes of the AgriInvest program;
- Understand that Eligible Applicants who provide false or misleading information to the Program Administrator for the purposes
 of the Program forego all rights to Initiative payments, are liable to repay all Initiative payments they have received and may be
 subject to prosecution;
- Understand that failing to comply with all application requirements may delay the processing of the application, or may render me/us ineligible for receiving assistance under the program;
- Acknowledge that my/our completing this application form and by receiving advice from the PEIDA and P.E.I.AIC or other Initiative
 delivery agent does not oblige the Department and Corporation or other delivery agents to provide funding;
- Agree to participate in an evaluation and/or audit of the program; and
- Understand that projects funded may be communicated through the PEIDA and P.E.I.AIC's public and social media channels.
- Acknowledge that individuals who are subject to the provisions of the Conflict of Interest Act (S.C. 2006, c. 9, s. 2), the Conflict
 of Interest Code for Members of the House of Commons, the Ethics and Conflict of Interest Code for Senators, the Values and
 Ethics Code for the Public Sector or any other conflict of interest and/or values and ethics codes applicable within provincial or
 territorial governments or specific organizations, shall not derive any direct benefit resulting from this application unless the
 provision or receipt of such benefit is permitted in such legislation, policy or codes.

	provision or receipt of such benefit is perm	nitted in such legislation, policy or codes.	g from this application unless the
	I certify that the information given on this a	application is to the best of my knowledge complete,	true, and accurate.
-	Name of Applicant/Signing Officer (Please print)	Signature of Applicant/Signing Officer	Date









5. Submitting the Application

The deadline for submitting initial applications to declare damage is March 31, 2024. Completed applications may be submitted to the attention of the P.E.I. Agricultural Insurance Corporation via regular mail or email.

E-Mail Applications:

Once you have completed the application, you may e-mail a <u>signed</u> copy in PDF to <u>PEIAgriRecovery@gov.pe.ca.</u> Please include the program name *Fiona AgriRecovery Initiative* in the subject line.

Regular Mail Applications:

Applications may be submitted via regular mail at: P.E.I. Agricultural Insurance Corporation Fiona AgriRecovery Initiative PO Box 400 Kensington, PE C0B 1M0 902-836-0435 (telephone)

Questions? Please e-mail PEIAgriRecovery@gov.pe.ca

OFFICE USE ONLY							
Date Application Received:			Date Application Completed:				
Approved?	ПΥ	□N	Initials:				
Dollars requested for this applic	cation:						
Free-Standing Fruit Tr	ree(s) Needing R	epair	\$				
Free-Standing Fruit Tr	ee(s) Needing R	eplacement	\$				
☐ Trellised Fruit Tree(s)	Needing Repair		\$				
☐ Trellised Fruit Tree(s)	Needing Replace	ement	\$				
		Sub-Total:	\$				
	Provincial Moni	es Already Paid	\$				









APPENDIX A: Crops (Fruit Trees)

			OFFICE USE ONLY Date Received by Dept:				
Applicant Name: _			Dept. Initial (Rec'd):				
Applicant Initial:			Date Confirmed Comple	ete by Dept.:			
Date: _ *Original signed copy to be placed	l in Central File		Dept. Initial (Application	n Complete):			
1.1 Orchard Information							
Orchard Name:		Orchard Size (Acres):		Crop:			
Tree Insurance:	☐ Yes	□ No	Crop Insurance:	☐ Yes	□ No		
☐ Yes. Please		wers Association's 2022 Dama 222 Damage Assessment Repor le.	-				
Instruction:							
Row or Block #	Т	he row number or orchard block	, please pick one and stay	consistent			
Tree Size		Dwarf (D)					
Tree Age		Please put the age of the tree THIS YEAR (2022)					
Variety							
# of Trees in Row/ Block		The total number of trees in the row or block					
# of Damaged Trees in Row/ Block		A tree that is damaged but at this moment does not need to be replaced					
# of Trees to Replace in Row/ Block		A tree that is destroyed and will need to be replaced					
Avg lbs per Tree	Т	The number of apples in pounds (lbs) that was/ would have been on the tree					









% of Crop Lost (unsellable)	The total percentage of crops that in the row or block that were not sellable.			
# of Trellis Posts Damaged	Number of posts damaged and type WOOD or METAL or OTHER e.g. 3W, 1M. If OTHER please add notes additional comments			

Row or Block #	Tree Size*	Tree Age	Variety	# of Trees in Row/Block	# of Damaged Trees in Row/Block	# of Trees to Replace in Row/Block	Avg lbs per Tree	% of Crop Lost (Unsellable)	# of Trellis** Posts Damaged	Additional Comments
Ex. 147	SD	3	Honeycris p	50	20	15	40	85	3W:1M	Add notes regarding trellis design

*Tree Size: D – dwarf; SD – semi-dwarf; S – standard
**Trellis material: W – wood; M – metal; O – other









1.3 Labour Costs				
For any already	receipted costs, plea	se provide a copy of invoices or receipts. For any estimated costs, please p	rovide a copy of quote.	
Date(s)	Hours of Labour	Description of Work	Invoiced/Receipted Cost (\$)	Estimated Cost (\$)
1.4 Other Extraord This may include Fiona.	•	nt, transportation to emergency markets, additional crop protectants, land pre	eparation for replanting tree	es, etc. as a result of
Туре о	f Costs	Description of Work	Invoiced/Receipted Cost (\$)	Estimated Cost (\$)
·	·			·