

A federal-provincial-territorial initiative

I prefer future correspondence in English Langue de correspondance préférée français

Salutation	First Name	Initial	Last Name	Job Title	
Address (Line 1)			Primary Phone	Secondary Phone	
Address (Line 2)			Email Address	Fax Number	
City/Town	Province	Postal Code	Country	County/District	Municipality

Type of Business	Gross Business Revenue	Number of Employees
<input type="checkbox"/> Producer <input type="checkbox"/> Processor <input type="checkbox"/> Organization <input type="checkbox"/> Collaboration	<input type="checkbox"/> \$0-\$6,999 <input type="checkbox"/> \$7,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-\$49,999 <input type="checkbox"/> \$50,000-\$99,999 <input type="checkbox"/> \$100,000-\$249,999 <input type="checkbox"/> \$250,000-\$499,999 <input type="checkbox"/> \$500,000-\$999,999 <input type="checkbox"/> \$1,000,000 - \$1,999,999 <input type="checkbox"/> \$2,000,000 - \$2,999,999 <input type="checkbox"/> \$3,000,000 - \$3,999,999 <input type="checkbox"/> \$4,000,000 - \$4,999,999 <input type="checkbox"/> \$5,000,000 and over	

Name of Business/Organization (This is the name under which client carries on business) **Business Location** - Address (Line 1) Same as my mailing address

Full Legal/Corporate Name of Business/Organization Same as above or: Address (Line 2)

Mailing Address Same as above

City/Town	Prov.	Postal Code	Emergency Coordinates (911 Address)
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Address (Line 2)	County/District	Municipality	Country
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City/Town	Prov.	Postal Code	Country	Primary Phone	Secondary Phone
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County/District	Municipality	Fax Number	Website
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Ownership Structure Sole Proprietorship Registered Professional Partnership Incorporated Business Cooperative Community or other Not for Profit
 Broader Public Sector First Nations or Metis Community or Organization Other _____ Number of years using this ownership structure: _____

Facility Farm Head Office - Divisional Retail Outlet Head Office Head Office - Produce Co-Packed Sales Office
 Head Office - Franchisee Plant Location Research and Development Warehouse/Distribution Site

Business Number - Canada Revenue Agency Client Number
 The Business number is a 9-digit business identifier used in Canada to which clients can register program accounts with the Canada Revenue Agency (CRA). The program account number consists of three parts: The Business Number, the two letter program identifier, and the four digit reference number. <http://www.cra-arc.gc.ca/tx/bsnss/tpcs/bn-ne/wrks-eng.html>
 I confirm I do not have a CRA number

									RC 0 0 0

Farm Business Registration Number (FBRN)
 A Farm Business Registration Number (FBRN) for a qualifying farm business can be received by registering with Agricorp at 1-888-247-4999. This is a seven (7) digit number. Farm businesses that declare gross farm income of \$7,000 or more (for income tax purposes) are required by legislation to register their business.

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AgriInvest / AgriStability Personal Identification Number

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Exemption: If you do not have a FBRN, and qualify for religious, cultural or new farmer exemption, please select that option below. Further documentation may be required to verify your exemption status.
 None My business / organization qualifies for religious exemption
 My business / organization qualifies for cultural exemption I am a new farmer
 Gross Farm Income Exemption Certificate

Is your business / organization certified organic (or in transition to become certified)? Further documentation may be required to verify your status.
 Yes, my business / organization is certified organic My business / organization is in transition towards organic certification
 My business / organization is not certified organic

Authorized Signing Authority of Business/Organization I have signing authority for this business or organization.

First Signing Authority: Salutation _____ First Name _____ Last Name _____ Job Title _____

Second Signing Authority: Salutation _____ First Name _____ Last Name _____ Job Title _____

Primary Commodity - Identify with Letter A

This commodity contributes to the majority of gross income. Choose one.

Crop Production

- Oilseed and grain
 Vegetable and melon
 Fruit and tree nut
 Greenhouse, nursery and floriculture
 Other _____

Animal Production

- Beef cattle, including feedlots
 Dairy cattle and milk production
 Hog and pig
 Poultry and egg
 Sheep and goat
 Aquaculture
 Horse and other equine
 Other _____

Food and Beverage Processing

- Dairy product manufacturing

- Meat product manufacturing
 Beverage manufacturing
 Seafood product preparation and packaging
 Grain and oilseed milling
 Bakeries and tortilla manufacturing
 Fruit and vegetable preserving/processing
 Frozen food manufacturing
 Sugar and confectionary product manufacturing
 Animal food manufacturing
 Other food manufacturing _____

Chemical Manufacturing

- Other basic organic chemicals
 Pharmaceutical and medicine

Secondary Commodity - Identify with Letter B

This commodity contributes to at least 25% of gross income. Choose one

- Resin, synthetic rubber, and artificial and synthetic fibres and filaments
 Pesticide, fertilizer and other agricultural chemicals
 Paint, coating and adhesives
 Other chemical products _____

General Manufacturing

- Tobacco manufacturing (Note: cigarette manufacturing is not eligible under *Growing Forward 2 (GF2)*)
 Fibre, yarn and thread mills
 Fabric mills
 Converted paper product manufacturing
 Agricultural, construction and mining machinery manufacturing
 Other _____

Wholesale and Retail Sales

- Farm product merchant wholesaler

- Food, beverage and tobacco merchant wholesaler
 Machinery, equipment and supplies merchant wholesaler
 Food and beverage stores
 Other _____

Other

- Support activities for crop production
 Support activities for animal production
 Other Electric Power Generation
 Water supply and irrigation
 Rail transportation
 Truck transportation
 Warehousing and storage
 Professional, Scientific and Technical Services
 Other / Not Applicable

Shareholders

List additional primary shareholders if the business or organization is jointly owned (up to three)

- Shareholder: First Name _____ Last Name _____
- Shareholder: First Name _____ Last Name _____
- Shareholder: First Name _____ Last Name _____

For Producers Only

Livestock: Indicate the approximate number of livestock on the business / organization in the past twelve months.

Beef Cattle	Dairy Cattle	Hogs	Poultry	Other Livestock (description)

Farmland: Indicate farmland associated with your business / organization that you own, rent or lease.

Acres Owned (Crop or Pasture)	Acres Owned (Non-Crop or Non-Pasture)	Acres Rented/Leased	Number of Acres Irrigated

Summary

Please take a moment to review the information you have provided and ensure it is accurate.

Terms and Conditions

Notice to Collect Personal Information: Ontario may collect the Social Insurance Number of a recipient of funding where that recipient receives funding under *Growing Forward 2 (GF2)*, as a sole proprietor or as an unincorporated entity in order to meet any requirements under the Income Tax Act (Canada), and where it is necessary for the purpose of auditing and collection of over-payments. If you have any questions or concerns regarding the collection of this information, please contact Mary Jo Sullivan, Manager, Rural Programs Branch, Ontario Ministry of Agriculture, Food and Rural Affairs, 1 Stone Rd W, Guelph ON N1G 4Y2, phone: 1-519-837-6323, or email: maryjo.sullivan@ontario.ca.

For further *GF2* information, please refer to www.ontario.ca/growingforward2 or call 1-877-424-1300.

By checking the box below, I/We declare the information above to be true and correct and I/We agree to abide by all the program rules, procedures and conditions. I/We consent to the release of this information to the Ontario Ministry of Agriculture, Food and Rural Affairs, and associated program partners for the purposes of future programming, program promotion and program evaluation.

I have read and agree to all the preceding terms and conditions.

Name of Signing Authority _____ Signature of Signing Authority _____ Date _____

Submit your form to: *Growing Forward 2* Program Enrolment
 1 Stone Road West, Guelph, ON N1G 4Y2
 Fax: 519-341-6035

For Office Use Only

Received by: _____ Signature: _____ Date: (yyyy/mm/dd) _____

