

Producer's Full Legal Name:

2.2 PRE-HARVEST SPRING ADVANCE - ACTUAL



COMPLETE THIS SECTION ONLY IF YOU ARE APPLYING FOR ADVANCE AFTER SEEDING OR IF REQUESTING THE REMAINING 40% OF YOUR INTENDED-SEEDING ADVANCE.



ACTUAL SEEDED



TYPE OF INSURANCE	REQUIRED DOCUMENTS	REQUIRED INPUTS
CROP INSURANCE	I. Confirmation of 2023 Crop Insurance II. Statement of Coverage & Premium	Fill the table below to calculate \$ Amount value in (column 5). Note: See page 31 of respective commodity's FarmCash advance rate
AGRISTABILITY	I. 2023 Program Enrolment/Fee Notice II. AgriStability SCHEDULE 1 – 7 report	Fill <i>only</i> column 1, 2, & 5 of table below. Note: No calculation required for column 5 – input \$ Amount value based on coverage level.
GLOBAL AG. RISK SOLUTIONS	I. Production Cost Insurance Policy document II. Proof of payment for Policy Premium	Fill <i>only</i> column 1, 2, & 5 of table below. Note: No calculation required for column 5 – input \$ Amount value based on Policy Limit.



- Producers who applied already applied under Intended Advance **MUST** report on all commodities which were applied on;
- Producers who used AgriStability or Global Ag. Risk Solutions previously for Intended Advance do not need to provide any required documents;
- All **new** producers applying for an Actual advance - select the type of insurance from above and follow the directions accordingly to complete the table below.

1 COMMODITY	2 2023 ACTUAL SEEDED ACRES	3 CROP INSURANCE COVERAGE	4 FARMCASH ADVANCE RATE	5 \$ AMOUNT	
		<input checked="" type="checkbox"/> COVERAGE PER METRIC TONNE OR LBS.	<input checked="" type="checkbox"/>	=	
		<input checked="" type="checkbox"/> COVERAGE PER METRIC TONNE OR LBS.	<input checked="" type="checkbox"/>	=	
		<input checked="" type="checkbox"/> COVERAGE PER METRIC TONNE OR LBS.	<input checked="" type="checkbox"/>	=	
		<input checked="" type="checkbox"/> COVERAGE PER METRIC TONNE OR LBS.	<input checked="" type="checkbox"/>	=	
		<input checked="" type="checkbox"/> COVERAGE PER METRIC TONNE OR LBS.	<input checked="" type="checkbox"/>	=	
		<input checked="" type="checkbox"/> COVERAGE PER METRIC TONNE OR LBS.	<input checked="" type="checkbox"/>	=	
TOTAL OF PRE-HARVEST CROP COMMODITIES:				LINE 1	\$
ADVANCE REQUESTED BY PRODUCER				A	\$



ANTICIPATED HONEY



Note: Be sure to include confirmation of valid honey insurance paperwork. Use the top table as reference for required documents per insurance type.

COMMODITY	INTENDED PRODUCTION QTY (LBS)	FARMCASH ADVANCED RATE	\$ AMOUNT
HONEY		<input checked="" type="checkbox"/> REFER TO PAGE 31 FOR HONEY ADVANCE RATE.	=
ADVANCE REQUESTED BY PRODUCER			B \$

SEE PAGE 11 FOR STORED GRAIN ADVANCE

Select the commodity for which you applied the advance and using legal description of the land, indicate where you have seeded or stored the crop(s), located beehives, or housed the livestock. **Note:** Producers with multiple locations, separate each description with a comma (,).

- CROP COMMODITIES (INTENDED/ACTUAL)
 HONEY (INTENDED/ACTUAL)
 STORED GRAIN
 LIVESTOCK

PROVIDE LEGAL DESCRIPTION OF LAND(SECTION-TOWNSHIP-RANGE)

ISSUING ADVANCES

Select from one the following funding options indicating how you would like to receive advance for the commodities applied. **Note:** producers with an existing Intended Advance transferring to Actual/Anticipated Advance, select funding option from "Transfer Producers Only".

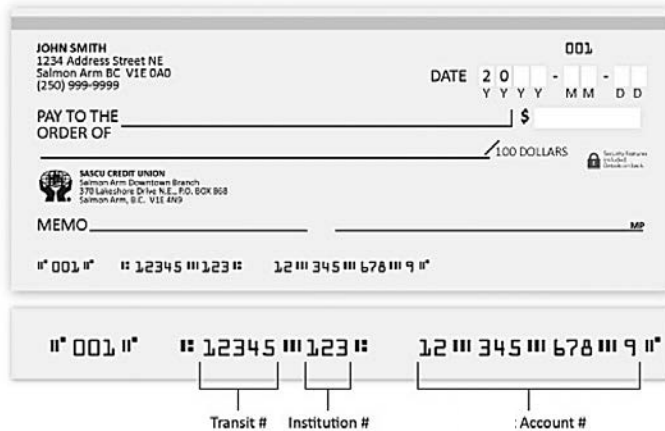
- ISSUE MAXIMUM ELIGIBLE FUNDS
 ISSUE MAXIMUM ELIGIBLE INTEREST-FREE FUNDS ONLY
 ISSUE FUNDS ONLY IN THE AMOUNT OF: \$

TRANSFER PRODUCERS ONLY

- ISSUE MAXIMUM ELIGIBLE FUNDS
 ISSUE MAXIMUM ELIGIBLE INTEREST-FREE FUNDS ONLY
 ISSUE FUNDS ONLY IN THE AMOUNT OF: \$
 NO ADDITIONAL FUNDS REQUIRED

DIRECT DEPOSIT DETAILS

Once approved for your FarmCash Advance, you will receive your funds via direct deposit from Alberta Wheat Commission (AWC). Using the example below, please provide your account details in the fields below. Note: Please attach a VOID cheque for the relevant account.



NAME OF FINANCIAL INSTITUTION

TRANSIT # INSTITUTION # ACCOUNT #

Note: If your financial institution requires the advance to be issued jointly, direct deposit is not possible. Please make sure to enter correct info to avoid return payment fee. If you would like FarmCash to mail a cheque in the name of producer, select this option: MAIL A CHEQUE

I CERTIFY THAT THE ABOVE INFORMATION FROM SECTION 1.1 UP TO AND INCLUDING PART 2 IS TRUE AND ACCURATE AT THE TIME OF COMPLETION AND AGREE TO REPAY THE ADMINISTRATOR ANY DIFFERENCE WHERE APPLICABLE. I AM AWARE THAT TO MAKE A FALSE STATEMENT IS A CRIMINAL OFFENCE.

INSERT FULL LEGAL NAME	APP ID
SIGNATURE OF PRODUCER	DATE

SIGN HERE

THE ACTUAL SEEDED ADVANCE, ANTICIPATED HONEY OR LIVESTOCK ADVANCE WILL BECOME A PART OF YOUR 2023/2024 CASH ADVANCE APPLICATION USING ALL RULES AND REGULATIONS SET FORTH BY THE 2023/2024 TERMS AND CONDITIONS OF THIS APPLICATION & REPAYMENT AGREEMENT.

All Producers are required to read Producer Declaration and Sign Producer Attestation)

CONTINUE TO NEXT PAGE FOR PRODUCER ATTESTATION

The information on this form is collected under the authority of Section 10 of the Agriculture Marketing Programs Act. Any personal information collected by the Administrator will be used to administer the program in accordance with the Personal Information Protection and Electronic Documents Act (PIPEDA) or under legislation applicable within their jurisdiction. Any personal and/or business information may be disclosed to Agriculture and Agri-Food Canada (AAFC) and will be used to administer the program in accordance with the Privacy Act and Access to Information Act. The information may be used for the purposes consented to in the Declaration. Individuals have the right to request access to and correction of their personal information. Should you have any questions concerning your information and privacy, please contact: Agriculture and Agri-Food Canada's Access to Information and Privacy Director, Floor 10, 1341 Baseline Road, Tower 7, Ottawa ON K1A 0C5 or by email at AAFC.Privacy-vieprivee.AAC@AGR.GC and reference AAFC's personal information bank Agricultural Marketing Programs Act: Advance Payments Program, PPU 140. (2023).

MB - PRODUCER ATTESTATION

IF APPLYING ON BEHALF OF A CORPORATION OR COOPERATIVE THE APPLICANT MUST SIGN AND DATE THE DECLARATION BELOW UNDER SECTION **A**; FOR A PARTNERSHIP, ALL PARTNERS LISTED IN PART 1 MUST SIGN AND DATE THE DECLARATION BELOW UNDER SECTION **B**.

A. ATTESTATION ON BEHALF OF A CORPORATION OR COOPERATIVE:

I, THE APPLICANT, BEING AUTHORIZED TO SIGN THIS APPLICATION AND REPAYMENT AGREEMENT ON BEHALF OF THE CORPORATION/COOPERATIVE STATED IN PART 1 OF THIS APPLICATION, DO HEREBY AGREE THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE BASED ON MY KNOWLEDGE AT THE TIME OF THE APPLICATION; THAT THE CORPORATION/COOPERATIVE WILL REPAY THE ADMINISTRATOR ANY DIFFERENCE, WHERE APPLICABLE, AS STATED IN THIS REPAYMENT AGREEMENT; THAT THE APPLICATION, INSTRUCTIONS, GUARANTEE, PRIORITY AGREEMENT AND ALL RELEVANT ATTACHMENTS FORM PART OF THE REPAYMENT AGREEMENT; THAT THE CORPORATION/COOPERATIVE ACKNOWLEDGES AND AGREES THE TERMS AND CONDITIONS OF THE REPAYMENT AGREEMENT (PAGES 24-28) AND THE DECLARATION OF PRODUCER OF THE REPAYMENT AGREEMENT (PAGE 29-30) WHICH ARE ATTACHED HERETO FORM PART OF THIS APPLICATION AND THE CORPORATION/COOPERATIVE WILL COMPLY WITH SUCH TERMS AND CONDITIONS INCLUDING REPAYING THE ADVANCE PLUS INTEREST AND COSTS; AND THAT I HAVE COMPLETED AND SIGNED THIS ADVANCE PAYMENTS PROGRAM APPLICATION AND REPAYMENT AGREEMENT ON BEHALF OF AND WITH THE AUTHORITY OF THE CORPORATION/COOPERATIVE. I AM AWARE THAT TO MAKE A FALSE STATEMENT IS A CRIMINAL OFFENCE.

Dated this _____ day of _____, 20_____.

SIGN HERE 

SIGNATURE OF APPLICANT
INSERT FULL LEGAL NAME

B. ATTESTATION ON BEHALF OF A PARTNERSHIP

ALL PARTNERS MUST SIGN. COPY AND ATTACH SEPARATE SHEET IF REQUIRED.

WE, BEING ALL THE PARTNERS LISTED IN PART 1, SECTION 1.2, AUTHORIZED TO SIGN THE APPLICATION ON BEHALF OF THE PARTNERSHIP, DO HEREBY AGREE THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE BASED ON OUR KNOWLEDGE AT THE TIME OF THE APPLICATION; TO REPAY THE ADMINISTRATOR ANY DIFFERENCE, WHERE APPLICABLE AS PROVIDED IN THIS REPAYMENT AGREEMENT; THAT THE APPLICATION, INSTRUCTIONS, GUARANTEE, PRIORITY AGREEMENT AND ALL RELEVANT ATTACHMENTS FORM PART OF THE REPAYMENT AGREEMENT; THAT WE HAVE READ THE TERMS AND CONDITIONS OF THE REPAYMENT AGREEMENT (PAGES 24-28) AND THE DECLARATION OF PRODUCER OF THE REPAYMENT AGREEMENT (PAGE 29-30) WHICH ARE ATTACHED TO AND FORM PART OF THIS APPLICATION; AND THAT WE WILL COMPLY WITH SUCH TERMS AND CONDITIONS INCLUDING REPAYING THE ADVANCE PLUS INTEREST AND COSTS. WE ARE AWARE THAT TO MAKE A FALSE STATEMENT IS A CRIMINAL OFFENCE.

NAME OF PRODUCER (PLEASE PRINT)	SIGNATURE OF PRODUCER	DATE
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FARMCASH USE ONLY - ADMINISTRATORS ATTESTATION:

I DECLARE HAVING TAKEN ALL NECESSARY STEPS, IN ACCORDANCE WITH THE AMPA, ITS REGULATIONS, THE ADVANCE GUARANTEE AGREEMENT AND THE APP ADMINISTRATIONS GUIDELINES, TO ENSURE, TO THE BEST OF MY ABILITIES, THAT THE CURRENT APPLICATION AND REPAYMENT AGREEMENT BY THE PRODUCER IS ACCURATE AND COMPLETE BEFORE GRANTING THE ABOVEMENTIONED ADVANCE.

SIGNATURE OF AUTHORIZED PERSONNEL FOR THE ADMINISTRATOR	DATE (YYYY-MM-DD)
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