

PEI AgriStability Program 2023 Interim Request

Participant Identification			Contact Person Information		
Name <hr/>			If you would like someone other than yourself to provide additional information on your behalf, provide all details in this section. 		
Address <hr/>			Name <hr/>		
City/Town Prov/Terr Postal Code <hr/>			Business name <hr/>		
Telephone Mobile <hr/>			Address <hr/>		
Email <hr/>			City/Town Prov/Terr Postal Code <hr/>		
AgriStability PIN # <hr/>			Telephone Email <hr/>		
Partnership PIN # <hr/>					
(if applicable) 			Note: If you have a Contact Person, you must complete this section each time you submit this form. The Administration will replace any previous contact person you may have designated with the name you provide here. 		
The participant is: (check all applicable boxes) 			By providing a contact person's name, you are authorizing the AgriStability Administration to receive information from and to disclose information to the contact person, and to make changes to your applications as directed by the contact person. 		
<input type="checkbox"/> a sole proprietor <input type="checkbox"/> a member of a partnership 					
<input type="checkbox"/> a corporation <input type="checkbox"/> other: _____ 					
Language: <input type="checkbox"/> English <input type="checkbox"/> French 					
Additional Contact (Accountant, Spouse, and/or other)					
Name <hr/>			Telephone <hr/>		
Address <hr/>					
Email <hr/>					
Your Farming Information					
Have you completed a production cycle on at least one of the commodities you produced? <div style="float: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>					
If "no" to the above question, were you unable to complete a production cycle due to disaster circumstances? <div style="float: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>					
Please explain the reason you are applying for an interim Request? _____ _____					
Production (Crop) Insurance (PI) Information					
Have you been enrolled in the Production (Crop) Insurance Program? <input type="checkbox"/> Yes <input type="checkbox"/> No Production Insurance # _____					
What name is listed on your Production (Crop) Insurance Agreement? _____					
If you have been previously enrolled under another Name or PI#, please indicate Name or PI# _____					
Participant Declaration					
By submitting this form, I:					
- Certify that I have completed a production cycle and at least six months of farming activity in the 2023 program year, or could not for reasons beyond my control;					
- 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 requirements to participate in 2023 AgriStability;					
- Agree to repay any overpayment amount received as an interim payment if my interim payment is greater than my final 2023 AgriStability benefit.					
Signature of Participant: _____				Date: _____	



for the tax year of _____ to _____ 2023

- Include all crops produced on the farm, except those purchased and sold as resales.
- Include all livestock raised on the farm, except for those purchased and sold as resales.
- Attach additional pages if required.

[illegible][illegible][illegible]

Financial Farming Activity

for the tax year of _____ to _____ 2023

Estimated Allowable 2023 Income	
Crop Sales	\$
Livestock Sales	\$
Production Insurance payments	\$
Custom Work	\$
Other:	\$

2023 Accounts Receivable (Allowable Income only)		
Description	Opening Total	Ending Total (Estimated)
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Estimated Allowable 2023 Expenses	
Seed Purchases	\$
Livestock Purchases	\$
Commissions and levies	\$
Feed Purchases	\$
Containers and twine	\$
Fertilizers and lime	\$
Pesticides	\$
Minerals and salt	\$
Machinery (gasoline, diesel, oil)	\$
Electricity	\$
Freight and shipping	\$
Heating fuel	\$
Arm's Length Salaries	\$
Veterinary Fees	\$
Production Insurance Premiums	\$

2023 Accounts Payable (Allowable Expenses only)		
Description	Opening Total	Ending Total (Estimated)
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

2023 Prepaids/Purchased Input Inventory		
Description	Opening Total	Ending Total (Estimated)
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

To submit this application please send it to the following address or if you have any questions regarding this application please contact:

AgriStability Administration c/o PEI Agricultural Insurance Corporation
P.O. Box 400, 7 Gerald McCarville Drive
Kensington, PE C0B 1M0
Email: AICStability@gov.pe.ca
Tel: 902-836-0435 / Fax: 902-836-8912