

Application Form

Grow your ambition!

Invaluable Support for your Future



The symbol and name Sollio are trademarks of Sollio Cooperative Group.



Find out more about FCARA by going to our website sollio.coop/fcara or contact your member cooperative.

In short, this program enables young cooperative farmers to benefit from financial, professional support and a range of skill-development opportunities!



Program Specifics

- This is a permanent program;
- Support is provided over a maximum three year period and is not renewable;
- Membership is on a voluntary basis through cooperatives.

1. Objectives

- To promote cooperation;
- To develop skills;
- To financially support the next generation of agricultural producers;
- To communicate results differently.

2. Eligibility Criteria

The candidate must:

- be a member of farm cooperative affiliated with the Sollio Cooperative Group network;
- be a member of the Fédération de la relève agricole du Québec (FRAQ) (candidate);
- be a member of a member caisse of Desjardins Group (individually or farm);
- be between 18 and 40 years of age;
- hold at least 20% shares in the company;
- hold a degree specialized in agricultural training (DVS, DCS, Bachelor) or equivalent training;
- be a resident of Québec, Ontario or New Brunswick;
- accept that articles/news stories be written/produced and photographs be taken without asking for payment or consideration;
- be willing to commit to develop their professional skills thanks to training sessions that are recognized by FCARA board of administration, if chosen.

3. Submitting your Application

- La Coop Block



This block is generated by agricultural cooperatives that have subscribed to FCARA and are also members of the network. Each cooperative will process applications based on eligibility criteria as well as its budgetary limits. Once retained, candidates will be passed on to the FCARA board of administration for final approval.

Application Form

Date of birth: _____ (Attach your act of birth)
DD MM YY

Surname: _____

Given name: _____

Address: _____
STREET # APT. POSTAL CODE
CITY PROVINCE

Telephone: _____

Fax: _____

Email: _____

Company name: _____
CORPORATE NAME REGISTRATION #

Are you working at the farm full-time? ☐ Yes ☐ No
(Join a signed affidavit confirming the you work at the farm full-time)

What is your status within the company?
(Include a copy of the contracts and agreements that attest to your percentage of shares)

☐ Associate or minority shareholder _____
% OF SHARES
☐ Owner or majority shareholder _____
% OF SHARES

Primary productions:

1. _____
% OF SALES REVENUE NUMBER OF PRODUCTION UNITS
2. _____
% OF SALES REVENUE NUMBER OF PRODUCTION UNITS

Do you hold a degree specialized in agricultural training (DVS, DCS, Bachelor)? ☐ Yes ☐ No
(Include a copy of your academic diploma (specialized agricultural training (DVS, DCS, Bachelor)) or proof of equivalent training)

SPECIALIZATION

Is your farm a member of an agricultural cooperative affiliated with Sollio Cooperative Group? ☐ Yes ☐ No
(Include a copy of the membership contract; if you have not been a member of a cooperative for at least three years, please include a copy of your financial statements for the past three years)

COOPERATIVE NAME MEMBERSHIP NUMBER

What is your company's annual purchasing volume from your cooperative: _____
(This information is available from your cooperative)

Are you a member of FRAQ? ☐ Yes ☐ No
(Please include a copy of the membership contract)

If yes, what is your membership number? _____

Are you or your farm a member of a caisse affiliated with the Desjardins Group? ☐ Yes ☐ No
(Please include a copy of a recent personal or company statement)



La Coop Block

1. La Coop Financial Support Component

- Specific criteria to be eligible for this component:
 - purchase of inputs: primarily from the local cooperative;
 - age: 18 to 40 years of age at the time of registration.
- Special discount for the next generation: 10% of the value of eligible input purchases, proportionate to the retained candidate's participation (shares) in their company up to \$7,500/year per agricultural company.

Eligible Inputs

- 100% of animal production purchases.
- 100% of crop production purchases.
- 100% of hardware purchases.
- 0% (zero) of construction material purchases.
- 0% (zero) of grain transactions.
- 0% (zero) of fuel purchases.

2. La Coop Skills Development Component

- Mandatory component to become eligible for the Financial Support component.
- Each beneficiary will commit to develop their professional skills, for the entire duration of the support being awarded, through training that will be provided as well as their participation to certain associational activities.

Training

Development of Skills

- For the duration of the support being awarded, the beneficiary agrees to take part each year in certain skills development activities by participating in training sessions by the FCARA board of administration. The beneficiary can select among ten courses/sessions according to their fields of interests and needs. The completed training sessions could then be recognised if, at a later date, the participant is elected as a cooperative administrator.

Associational Activities

Two associational activities per year

- For the duration of the support being awarded, the beneficiary agrees to take part in at least two associational activities per year. The beneficiary will choose from a list of associational activities recognised by the FCARA board of administration.

3. La Coop Professional Support Component

- **Specific criteria to be eligible for this component:**
 - Only retained candidates who have been admitted to the Financial Support component will benefit from this component.
- **Eligibility to the Shepell program:**
 - Ninety-minute evaluation;
 - Access to a psychologist: five one-hour meetings (maximum of five hours);
 - Two of these five meetings will be with:
 - a legal advisor (one hour maximum) or
 - an administrative consultant (one hour maximum).

For more information: 1 800 361-5676



4. La Coop Cooperative Development Component

Every year, this component proposes trips and visits to Sollio Cooperative Group installations and that of their subsidiaries, as well as farming and agri-food establishments for training purposes. This component facilitates meetings with members of other cooperatives within the network and provides a means to realise how the farming world is developing in Quebec and in certain other areas of the country.

Participation in these trips can lead to training equivalency.

Trip locations and dates are determined together with cooperatives participating in this component and Sollio Cooperative Group.



Notes

Guidelines

- Please ensure that you have answered all of the questions prior to submitting your candidacy. Incomplete files may be rejected.
- All of the information required to analyse your file must be included in this document.
- Include a copy of your contracts and agreements attesting to the following:
 - your percentage of shares in the company; *
 - your membership to a cooperative affiliated with Sollio Cooperative Group (if you have not been a member of a cooperative for at least three years, please include a copy of your financial statements for the past three years);
 - your membership in the Fédération de la relève agricole du Québec (FRAQ);
 - your membership to a caisse affiliated to the Desjardins Group.
- Include your act of birth (birth certificate). *
- Include a copy of your academic diploma (specialized agricultural training (DVS, DCS, Bachelor) or proof of equivalent training. *
- Provide the required documents in a clear and simple fashion.
- If the document was filled by hand, please ensure writing is legible.

N.B. : Candidates who have received the financial support payments from La Financière agricole du Québec (FADQ) may be exempt from providing supporting documents for the points marked with an * by providing us with a copy of FADQ confirmation or by signing the statement of consent below, thus allowing FADQ to confirm that you indeed received the payment of financial support.

I, the undersigned, _____ authorise La Financière agricole du Québec to transmit to the Fonds coopératif d'aide à la relève agricole, information that allowed the former to establish my eligibility to obtain financial support, such as my age, my level of academic training and my participation in the farm property.

Client number in La Financière agricole du Québec: _____

Confidentiality

- The selection committee agrees to not divulge the information contained in this document

Date prepared: _____ Signature: _____
DD MM YY

Please return this file to your local cooperative.

Candidates will be evaluated by the local cooperative according to the eligibility criteria, supporting documents and the allocated budget.

Once selected, candidate applications will be transmitted to the FCARA board of administration.

