



Fonds coopératif  
d'aide à la relève agricole

# Application form



**FCARA**  
LE FONDS COOPÉRATIF  
D'AIDE À LA RELÈVE AGRICOLE

# What is FCARA?

FCARA (Fonds coopératif d'aide à la relève agricole) is a three-year funding, support, and training program for farmers aged 40 and under. If selected for the program, you'll have access to financial aid, professional support, and opportunities for skill-building and cooperative development.

## 1. Instructions

- Fill out this form electronically.
- Make sure you have answered all the questions, then submit your application to your agricultural cooperative.
- Attach the following supporting documents:
  - Proof of membership in the Fédération de la relève agricole du Québec (FRAQ) (Québec residents only)
  - Proof of membership in a Desjardins caisse or Desjardins Group-affiliated Business Centre
  - A copy of your driver's licence or birth certificate\*
  - Proof of the percentage of shares you hold in the business\*
  - Proof of completion of specialized training in agriculture (diploma or equivalent)\*

Note: Applicants who have received a start-up assistance bonus from Financière agricole du Québec (FADQ) may be exempt from providing the supporting documents marked with an asterisk (\*). Please refer to the application submission guide.

## 2. General information

### Québec residents

Name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Mailing address (number and street or range): \_\_\_\_\_

Municipality: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Cellphone number: \_\_\_\_\_ Email: \_\_\_\_\_

Have you completed specialized training in agriculture or equivalent? Yes ☐ No ☐

Are you a member of Fédération de la relève agricole du Québec (FRAQ)? Yes ☐ No ☐

Are you a member of a Desjardins caisse or Desjardins Group-affiliated Business Centre? Yes ☐ No ☐

Have you received a start-up assistance bonus from Financière agricole du Québec (FADQ)? Yes ☐ No ☐

## Ontario and New Brunswick residents

Name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Mailing address (number and street or range): \_\_\_\_\_

Municipality: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Cellphone number: \_\_\_\_\_ Email: \_\_\_\_\_

Have you completed specialized training in agriculture or equivalent Yes ☐ No ☐

Are you a member of a Desjardins caisse or Desjardins Group-affiliated Business Centre? Yes ☐ No ☐

## 3. Business information

Business name: \_\_\_\_\_

Your status in the business: ☐ Partner or minority shareholder  
☐ Owner or majority shareholder  
☐ Partner or shareholder in a group farm  
☐ Other

What percentage of shares do you hold in the business? \_\_\_\_\_

What is/are your business's main product(s)? \_\_\_\_\_

Are you in the process of starting up or taking over the business (i.e., have you been operating it for less than 10 years)? Yes ☐ No ☐

Is the business a member of a cooperative affiliated with Sollio Cooperative Group? Yes ☐ No ☐

If yes, please write the name of the cooperative: \_\_\_\_\_

## 4. Authorization regarding personal information

**Instructions: Fill out all the fields and check all the boxes.**

\_\_\_\_\_ (name of your agricultural cooperative, "the Cooperative") is a member of Sollio Cooperative Group ("Sollio") and takes part in Fonds coopératif d'aide à la relève agricole ("FCARA"), a program administered jointly by Sollio, the Cooperative, Desjardins Group ("Desjardins"), and Fédération de la relève agricole du Québec ("FRAQ"). Together, these entities administer and support applications from individuals wishing to participate in FCARA.



## FCARA ENTITIES AND THE PERSONAL INFORMATION THEY HANDLE

The following information relates to how your personal information (PI) will be handled in connection with your application to FCARA.

Entity	Role in FCARA	Personal information (PI) handled	What this entity does with your personal information (PI) (collection, use, disclosure)
Cooperatives affiliated with Sollio Cooperative Group	<ul style="list-style-type: none"> <li>Administers FCARA jointly with Sollio</li> <li>Collects PI</li> <li>Selects applicants from their cooperative</li> <li>Pays 50% of the financial assistance to their selected applicants</li> </ul>	<ul style="list-style-type: none"> <li>Your first and last names</li> <li>Your gender</li> <li>Your date of birth</li> <li>Your mailing address</li> <li>Your province</li> <li>Your email</li> <li>Your phone number</li> <li>Your level of education</li> <li>The name of your business</li> <li>Your production type</li> <li>Your status in the business</li> <li>Your membership in the Cooperative, FRAQ, and Desjardins (only for Québec residents)</li> </ul>	<ul style="list-style-type: none"> <li>Receives and confirm the PI collected in the application form</li> <li>Forwards the PI to Sollio (FCARA)</li> </ul>
Sollio Cooperative Group (FCARA)	<ul style="list-style-type: none"> <li>Administers FCARA jointly with affiliated cooperatives, FRAQ, and Desjardins</li> <li>Validates and confirms applications submitted by affiliated cooperatives</li> </ul>	<ul style="list-style-type: none"> <li>Your first and last names</li> <li>Your gender</li> <li>Your date of birth</li> <li>Your mailing address</li> <li>Your province</li> <li>Your email</li> <li>Your phone number</li> <li>Your level of education</li> <li>The name of your business</li> <li>Your production type</li> <li>Your status in the business</li> <li>Your membership in the Cooperative, FRAQ, and Desjardins (Québec residents only)</li> </ul>	<ul style="list-style-type: none"> <li>Receives, stores, and confirms PI collected by cooperatives</li> <li>Forwards certain PI to third parties (FRAQ, FADQ) to confirm your eligibility for FCARA and collects information from third parties (FRAQ, FADQ) for the same purpose</li> <li>Contacts applicants as needed to confirm information necessary for eligibility for FCARA</li> </ul>
Desjardins Group	<ul style="list-style-type: none"> <li>Serves on the FCARA board of directors</li> </ul>	<ul style="list-style-type: none"> <li>Your gender</li> <li>Your province</li> <li>Your level of education</li> <li>Your production type</li> <li>Your status in the business</li> </ul>	<ul style="list-style-type: none"> <li>Receives general program statistics (anonymized personal information) for program monitoring purposes</li> </ul>

Entity	Role in FCARA	Personal information (PI) handled	What this entity does with your personal information (PI) (collection, use, disclosure)
Fédération de la relève agricole du Québec (FRAQ)	<ul style="list-style-type: none"> <li>Serves on the FCARA board of directors</li> </ul>	<ul style="list-style-type: none"> <li>Your first and last names</li> <li>Your email</li> <li>The name of your business</li> <li>The member number on your application form</li> </ul>	<ul style="list-style-type: none"> <li>Receives your first and last name, email address, business name, and member number from the Cooperative and Sollio (FCARA) for verification purposes</li> <li>Confirms your membership status with the Cooperative and Sollio (FCARA) (Québec residents only)</li> <li>Receives general program statistics (anonymized personal information) for program monitoring purposes</li> </ul>
Financière agricole du Québec (FADQ)	<ul style="list-style-type: none"> <li>No direct role</li> </ul>	<ul style="list-style-type: none"> <li>Your first and last names</li> <li>Your mailing address</li> <li>Your province</li> <li>The name of your business</li> </ul>	<ul style="list-style-type: none"> <li>Receives PI needed for verification purposes from Sollio (FCARA)</li> <li>Confirms with Sollio (FCARA) if you've received a start-up assistance bonus, which exempts you from having to provide certain supporting documents with your FCARA application</li> </ul>
TELUS Health	<ul style="list-style-type: none"> <li>No direct role</li> </ul>	<ul style="list-style-type: none"> <li>Your first and last names</li> <li>Your date of birth</li> <li>Your email</li> </ul>	<ul style="list-style-type: none"> <li>Receives PI needed to register you for the professional support program from Sollio (FCARA)</li> </ul>

## Consent form

**Please fill out and sign this form to confirm your eligibility for FCARA and to acknowledge that you understand and consent to the way your application will be managed.**

- ☐ I have read the information in the table above and authorize \_\_\_\_\_ (name of the cooperative) to handle my personal information in accordance with its privacy policy, which will be made available to me when I am asked to consent to the collection of my personal information prior to submitting my application to FCARA.
- ☐ I have read the information in the table above and authorize Sollio and FCARA to receive my personal information from the Cooperative and handle it and to collect personal information about me from FRAQ and FADQ, all in accordance with Sollio's privacy policy, which is available online at <https://sollio.coop/en/privacy>.

\*If you do not consent, please do not submit your personal information to the Cooperative. Please note that, since consent is an eligibility requirement, this will render you ineligible for FCARA.

## Other purposes

I authorize the Cooperative, Sollio, and FCARA to use all or part of the personal information collected by the Cooperative for purposes other than confirming my eligibility and managing my application. Specifically, I authorize the Cooperative, Sollio, and FCARA to collect, use, and disclose my personal information to Desjardins Group, FRAQ, and FADQ for the following purposes:

- ☐ Program accountability
- ☐ Statistics
- ☐ Contacting me to participate in events of interest to young farmers
- ☐ Contacting me to participate in media activities organized by Coopérateur magazine, such as articles, interviews, testimonials, and podcasts

\*\*You will still be eligible for FCARA if you do not consent to one or more of these purposes.

I understand that I can withdraw my consent to any or all of the above at any time by contacting the persons in charge of protecting personal information at FCARA, Sollio, or the Cooperative (as set out in their respective privacy policies).

Name of applicant: \_\_\_\_\_

Signature: \_\_\_\_\_

Date (DD-MM-YYYY): \_\_\_\_\_