

## FARM FINANCIAL ASSESSMENT PROPOSAL (PROGRAM-LED) FFA-01

Applicant must meet the program eligibility criteria and adhere to all program terms and conditions and project claim submission deadlines to qualify for cost share. All cost-share funds are available on a first come, first served basis, up to the available annual funds of each year of the program. Please complete this entire form (with assistance from your chosen farm advisor) and submit along with the Project Application (PA) to OSCIA Guelph.

**Eligible farm businesses can receive up to four(4) days of one-on-one consultation services with a private sector farm business advisor as well as a one(1) day of follow-up (separate application required).**

FARM OPERATION NAME OR SIGNING AUTHORITY NAME

FARM BUSINESS REGISTRATION NUMBER

OSCIA File #

### PART A - KEY OBJECTIVES

Review the 3 key objectives that the Assessment will address for your specific farm business

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### PART B - REPORT REQUIREMENTS

The written Farm Financial Assessment must include the following:

Refer to the FFA 'Statement of Work' for a complete list of requirements.

Business Overview: Name, Address and Business Profile;

Financial Summary of profitability/viability of the farm operation and Farm Financial statements;

Six Key Ratios as defined below:

#### FARM BUSINESS RATIO ANALYSIS:

Category	What does it measure?	Ratios
Financial Efficiency	How effective the business is using its assets to generate income	ASSET TURNOVER
Liquidity	Assesses the business's ability to pay their bills as they come due	CURRENT RATIO
Solvency	Determines how much the business is relying on debt to finance the business	DEBT TO EQUITY RATIO
Repayment Capacity	Measures the ability of a borrower to repay term farm debt from farm and non-farm income	DEBT SERVICING CAPACITY RATIO
Profitability	Measures how well the business is able to generate a profit.	OPERATING PROFIT MARGIN RATIO AND THE RETURN ON ASSETS RATIO

Choose one of the following for your FFA-01:

Detailed cost of production analysis for main enterprises.

Cash flow projections for a minimum of one year to meet identified goals in the farm business's Action Plan.

**PART C - ADVISOR SELECTION**

The Advisor I/we have selected from the FFA Qualified list of Advisors to complete this FFA-01 is:

First Name: [ ] Last Name: [ ] Telephone # [ ]

Firm Name: [ ] Fax: [ ]

Address: [ ] Email: [ ]

Please select one of the following:

- A. Travel costs are included in the above, as the farm business resides within the 200 Km. round trip radius.
- B. Round Trip travel costs are above 200 km. but will be paid by the farm business since the farm business has selected an advisor outside of their area.
- C. Travel costs are to be paid to the Advisor by OSCIA as there are no farm business advisors available within the 200 km radius. (Farm Advisor to fill out a travel expense worksheet).

Estimated travel expense is: \$ [ ]

**PART D - DECLARATIONS AND SIGNATURES**

I, the Advisor, agree to complete the Farm Financial Assessment (FFA-01) as prescribed in the above proposal. Upon satisfactory completion of the work, I will submit the report to OSCIA and receive direct payment of \$1900.00. The producer will pay the GST/HST for the full cost of the FFA-01 to the Advisor unless otherwise notified.

I have read the 'FFA-01' Statement of work and I agree to abide by the terms contained within:

Advisor Signature: [ ] Date: [ ]

I, the authorized signing authority of the farm business, agree to the proposed work as outlined above. I understand that the Advisor will be reimbursed to a maximum of \$1900 through the Growing Forward Farm Business Development Program, pending requirements have been met as determined by OSCIA Guelph. I understand that if Option C under Part C is selected, the advisor will also be reimbursed for travel costs through the Growing Forward Farm Business Development Program. Any additional funds owing to the Advisor are the responsibility of the undersigned. I have paid the \$100 proposal fee and I agree to the total estimate as decided between the advisor and the undersigned. I authorize that the Farm Advisor, stated above can contact OSCIA and obtain information concerning my application status.

Authorized Farm Signing Authority Signature (s) [ ] Date: [ ]  
1 [ ]  
2 [ ]

**Mail original copies of the Project Application and this Proposal to:**

**Ontario Soil and Crop Improvement Association 1st Floor, 1 Stone Road West, Guelph ON N1G 4Y2**