**2020 AREA-BASED SCHEMES**

**YOUNG FARMERS’ PAYMENT / REGIONAL RESERVE**

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| **You are advised to keep a copy of this form and supporting evidence submitted.** |

If you have **not previously applied successfully** for the Young Farmers’ Payment (YFP) and / or Regional Reserve (RR) as either a Young Farmer (YF) or as a New Entrant (NE) (*see also Note 2 below*) you must:

* Use this form to submit supporting evidence, in support of your application for the YFP and / or in support of your application to the RR as either a YF or a NE as applied for, on your Single Application.
* Read the **Guide to Basic Payment Scheme** and the **Guide to the Young Farmers’ Payment / Regional Reserve** available on the DAERA website, before completing this form.

<https://www.daera-ni.gov.uk/publications/guide-basic-payment-scheme-2020>

<https://www.daera-ni.gov.uk/publications/guide-young-farmers-payment-regional-reserve-2020>

* Complete this form and take it **and** your supporting evidence **in person** to your local DAERA Direct Office as soon as the information is available and **no later than 15 May 2020.** DAERA will acknowledge receipt of your form and supporting evidence. **If you do not provide all the required supporting evidence your application may be rejected. It is up to you to ensure that the required supporting** **evidence is presented** – evidence will **not** be checked on receipt.

**NOTES:**

1. **Duration of Young Farmers’ Payment**

The Young Farmers’ Payment can be payable for 5 years from the first year of submission of a successful application for the Young Farmers’ Payment.

The payment period is what would happen under existing rules. It is not guaranteed that payment will continue for this period of time as it is subject to applicants continuing to meet the eligibility conditions in relation to Head of Holding, future decisions taken on agricultural support policy by the UK Government and Northern Ireland Government relating to future scheme years. Therefore there can be no expectation that payment will continue for this period of time.

2. If you **applied successfully** for the YFP previously and wish to renew your application for this year you should consult the Guide to the Young Farmers’ Payment / Regional Reserve to ensure you follow the application process correctly. **You should not complete this form**.

3. If you applied successfully for the YFP in previous years but **did not apply** for the RR, you **must complete this form** and provide all the necessary supporting evidence if you wish to apply to the RR this year.

4. If your application for the YFP and / or RR was **rejected in previous years** you must complete this form and provide all the necessary supporting evidence if you wish to apply again this year.

**The YFP/RR Form and/or supporting evidence received between 16 May 2020 and 9 June 2020 may attract late claim penalties and any received after 9 June 2020 will not be considered, except in cases of force majeure or exceptional circumstances.**

**You must also complete a Single Application and submit it by 15 May 2020 (without penalty) to receive payment under the YFP and / or an award from the RR.**

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| **Section 1 – Business / Applicant Details** |

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| --- | --- |
| **BUSINESS ID:** |  |
| **BUSINESS TRADING NAME:** |  |
| **BUSINESS ADDRESS**: |
| **POSTCODE:** |  |
| **PHONE NUMBER:** |  |
| **MOBILE NUMBER:** |  |
| **E-MAIL:** |  |
| **Applicant Details** |
| **Name:** | **Customer ID:** | **Date of Birth:** |
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| **Section 2 – Application** |

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| 2.1 Please enter the area in hectares to 2 decimal places that you have declared / will declare on your Single Application to apply to establish and activate entitlements for the Basic Payment Scheme (BPS). |  |

2.2 Did you apply for the YFP and / or to the RR in previous years? Yes ❑ No ❑

**Note**: If ‘Yes’ read Section 5 of the Guide to the Young Farmers’ Payment / Regional Reserve to ensure you are following the appropriate application process.

2.3 Please indicate below the category (ies) you are applying for on your Single Application by ticking the relevant box (es).

* If you are applying for the YFP only, tick box A only.
* If you are applying for the YFP and for the RR as a YF, tick boxes A and B\*.
* If you are applying for the RR as a NE, tick box C only.

**Note**\*: Applicants who are eligible to apply to the RR as either a YF or as a NE are advised to apply as a YF and also to apply for the YFP (*tick boxes A and B*).

**Please tick appropriate box (es).**

|  |  |  |
| --- | --- | --- |
| **Young Farmers’ Payment** | **A** | **❑** |
| ***See Guide to the Young Farmers’ Payment / Regional Reserve – Section 3*** |
|  |
| **Regional Reserve – Young Farmer** | **B** | **❑** |
| ***See Guide to the Young Farmers’ Payment / Regional Reserve – Section 3*** |
|  |
| **Regional Reserve – New Entrant** | **C** | **❑** |
| ***See Guide to the Young Farmers’ Payment / Regional Reserve – Section 4*** |

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| **Section 3 – Assessment Criteria / Information / Declaration** |

**3.1 Young Farmers’ Payment and Regional Reserve – Young Farmer**

The eligibility and evidence requirements for the YFP and for those applying to the RR under the YF category seeking an allocation, or an increase in unit value of entitlements, are very similar. *See Guide to the Young Farmers’ Payment / Regional Reserve – Section 3.*

You must have become Head of Holding (HoH) during the 5 years preceding your first successful application to the YFP.

|  |  |
| --- | --- |
| **Please enter the date (month and year) you became HoH.** |  |

In addition all applicants (YFP/YF) must also apply on the online Single Application.

**Have you submitted your Single Application?** Yes ❑ No ❑

**3.2 Regional Reserve – New Entrant**

The evidence requirements for a NE seeking an allocation, or an increase in the unit value of entitlements, from the RR are similar to those for applicants applying as young farmers, except in relation to age. *See Guide to the Young Farmers’ Payment / Regional Reserve – Section 4.*

You must have **commenced** your agricultural activity **on or after** 1 January in the 2 years immediately preceding your application to the RR.

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| **Please enter the date (month and year) your business commenced agricultural activity.** |  |

**Have you been listed in an agricultural business in the Yes ❑ No ❑**

**5 calendar years prior to the commencement of your**

**most recent agricultural activity?**

|  |  |
| --- | --- |
| If ‘Yes’ please provide Business IDs: |  |

If ‘Yes’ you will not qualify for an award as a NE if this previous business was in existence prior to 1 January in the 2 years immediately preceding your application to the RR **unless** you can provide evidence of the following:

|  |  |
| --- | --- |
| (a) | That the previous business did not exercise agricultural activity. If applicable please provide details below. |
|  |  |

**or**

(b) You were **not** in control of this business in the 5 calendar years prior to the commencement of your most recent agricultural activity.

If you were not in control of the business (HoH) **you will need to provide Accounts and Taxation returns** for the business, corresponding to the 5 calendar years prior to commencement of your current business showing that another person received payment and paid tax on more than 50% of the profit (loss) for that business.

**Have you provided supporting evidence with this application?** Yes ❑ No ❑

In addition all applicants must also apply on the online Single Application.

**Have you submitted your Single Application?** Yes ❑ No ❑

**3.3 Supporting Evidence**

 The **table** and **Notes** at Annex A set out a summary of the evidence requirements for those applying for the YFP and / or to the RR.

**3.4 Declaration for applicants whose business operates as a partnership or as a multi-member business**

 **My business is operated as a partnership or as a multi-member business and I can confirm that:**

(a)I have familiarised myself with the scheme requirements and that I and my business comply with these requirements.

(b) I am in receipt of more than 50% of the profit from the business or bear more than 50% of the loss.

(c) There is no limit to the level of expenditure / sales I can make on behalf of the business and there is no restriction on whom I can deal with on behalf of the business in the course of trading concerning the business.

(d) I am responsible for control of all bank / building society and loan accounts related to the business and can make decisions about transfer of funds from these without veto from the other partner(s) / member(s).

(e) I have long term control over the business in terms of decisions relating to the management, benefits and financial risks and can make such decisions without veto by other partner(s) / member(s).

(f) I have the final decision as regards decisions in relation to all business matters relating to the business and my decisions cannot be vetoed by the other partner(s) / member(s).

(g) The business cannot be dissolved by any of the other partner(s) / member(s) without my agreement or in the event that I am the only partner / member remaining, I have the right to continue the business.

**THIS SECTION MUST BE SIGNED BY THE APPLICANT(S)**

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| --- | --- |
| **Signed:** |  |
| **Print full name:****HoH (Applicant)** |  |
| **Date:** |  |

|  |  |
| --- | --- |
| **Signed:** |  |
| **Print full name:****HoH (Applicant)** |  |
| **Date:** |  |

**NOTE:**

If 2 applicants are acting jointly as Head of Holding (HoH), both must sign in the section above (*in this case the declaration above should be read in the plural applying to both applicants*).

**Declaration by other partner(s) / member(s) in the business other than applicant(s)**

**I confirm that the partnership / multi-member business operates in accordance with the scheme requirements and points set out in (a) – (g) above.**

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| **SIGNED:** |  |
| **Print full name:*****Member of the business*** |  |
| **Date:** |  |

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| **SIGNED:** |  |
| **Print full name:*****Member of the business*** |  |
| **Date:** |  |

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| **SIGNED:** |  |
| **Print full name:*****Member of the business*** |  |
| **Date:** |  |

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| --- | --- |
| **SIGNED:** |  |
| **Print full name:*****Member of the business*** |  |
| **Date:** |  |

**All members listed in the Business ID registered with DAERA must sign.**

**Declaration by qualified independent Accountant or Solicitor**

I have examined this partnership / multi-member business, including any written partnership agreement documents, and confirm that it operates in accordance with points (a) – (g) as set out above.

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| --- | --- |
| **SIGNED:** |  |
| **Print full name:** |  |
| **Company:** |  |  | **Date:** |  |

**3.5 Declaration by the Applicant**

 **I declare that:**

* I have indicated on my Single Application that I wish to apply for the YFP and that this form is submitted in support of that application, and / or
* I have indicated on my Single Application that I wish to:

(a) apply to be allocated a number of entitlements equal to the eligible area declared to establish and activate entitlements on my Single Application for which I do not currently hold entitlements at the Regional Average Value (RAV) from the RR as a YF or as a NE and that this form is submitted in support of that application; and / or

(b) have the unit value of any entitlements which I hold increased to the RAV from the RR as a YF or as a NE and that this form is submitted in support of that application.

* The information on this form and in the supporting evidence provided with it to verify my application is correct.
* I have read and can comply with the Declarations and Undertakings specified in the Single Application on which I have applied.
* I have noted the DAERA Privacy Notice on the Single Application.
* I am completing this form and will take it and the necessary supporting documents to my local DAERA Direct Office **in person** to enable verification of my identity.

|  |  |
| --- | --- |
| **SIGNED:** |  |
| **Print full name:** |  |
| **Status:***(Owner/partner)* |  |  | **Date:** |  |

**DAERA PRIVACY NOTICE**

The Department takes data protection, freedom of information and environmental information issues seriously. It takes care to ensure that any personal information supplied to it is dealt with in a way which complies with the requirements of the General Data Protection Regulation and the new Data Protection Act 2018. This means that any personal information you supply will be processed principally for the purpose for which it has been provided. However, the Department is under a duty to protect the public funds it administers, and to this end may use the information you have provided for this purpose. It may also share this information with other bodies responsible for the audit or administration of public funds in order to prevent and detect fraud.

It will retain copies of your identification documentation for 10 years for audit purposes.

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| **Information** | **Required for YFP/RR (YF)** | **Required for RR (NE)`** | **Indicate if provided****Please tick ✓** | **Office use** |
| **Accountant’s Statement / Letter***See Note (a)* | **Yes** | **Yes** |  |  |
| **Copy Accounts – most recent** *See Note (b)* | **Yes** | **Yes** |  |  |
| **Copy Tax Return – most recent** See Note (b) | **Yes** | **Yes** |  |  |
| **Copy Accounts – year before HoH**See Note (c) | **Yes** | **No** |  |  |
| **Copy Tax Return – year before HoH**See Note (c) | **Yes** | **No** |  |  |
| **Copy HMRC Tax Registration**See Note (d) | **Yes** | **Yes** |  |  |
| **Copy Accounts – year(s) not in control of business (HoH) for previous business** | **No**  | **Yes***If applicable* |  |  |
| **Copy Tax Return(s) – year(s) not in control of business (HoH) for previous business** | **No** | **Yes***If applicable* |  |  |
| **Applicants in a partnership / multi-member business should have Section 3.4 of this form completed.** | **Yes** | **Yes** |  |  |
| **Bank / Building Society letter** See Note (e) | **Yes** | **Yes** |  |  |
| **Named on: Herd / Flock / Milk Licence** | **Yes***If applicable* | **Yes***If applicable* |  |  |
| **Confirmation of Level II qualification**See Note (f) | **Yes** | **Yes** |  |  |
| **CAFRE ID Number** | **Yes***If applicable* | **Yes***If applicable* |  |  |
| **Confirmation of identity / age:**Birth Certificate, Passport, Driving Licence, Electoral Identity Card | **Yes** | **Yes** |  |  |
| **Other official document(s)** | **Yes***If applicable* | **Yes***If applicable* |  |  |
| **Herd / Flock / Milk Licence (numbers)** | **Yes***If applicable* | **Yes***If applicable* |  |  |
| **Quality Assurance Scheme (number)** | **Yes***If applicable* | **Yes***If applicable* |  |  |
| **Plant Health Registration (number)** | **Yes***If applicable* | **Yes***If applicable* |  |  |

**Notes:**

**(a) If more than one person is involved in your business then to verify the application the Accountant’s Statement / Letter may need to include information on the other persons in your business as well as you and be supported with all the relevant accounts/tax returns, appropriately endorsed.**

**(b) Not required with your application if not available, because your business has recently started. However, where an applicant is in their first year of business and/or they are not able to provide completed accounts and tax returns for their first year, the Department will contact them in September in the year following a successful application for this outstanding evidence. Where you have been the HoH (in control of the business) for more than one year, information should be provided from when you became HoH until the application year.**

**(c) Not required if you have been a sole trader for the entire period of the business and have not been involved in a previous business.**

**(d) Required with your application if you are in your first year of business and no tax return has been prepared.**

**(e) The Bank / Building Society letter / statement should state that you are named on, and are responsible for, all accounts associated with the business and authorised to make payments and transfer money from these accounts without requiring authorisation from anyone else.**

**(f) A certificate/letter confirming your qualification, or CAFRE Identification Number, should be provided with your application.**

**You are advised to keep a copy of this form and supporting evidence submitted.**

**OFFICAL USE ONLY**

**Evidence Criteria**

Evidence to confirm HoH provided? Yes ❑ No ❑

ID / Age confirmed? Yes ❑ No ❑

Educational qualification confirmed? Yes ❑ No ❑

YFP/RR form and supporting evidence presented by the Yes ❑ No ❑

applicant in person – verified via photographic ID?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signed:** |  |  | **Date:** |  |