



## MINISTRY OF AGRICULTURE

### Guideline and Application Form on Funding Assistance for Rural Farmers

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| <p><b>1.0 INTRODUCTION</b></p> <p>1.1 The farming needs of the rural farmers are as variable, as the nature and type of farming activities in which they are engaged. There is therefore need for relevant and appropriate guidelines to determine the amount and level of assistance in order to encourage productive activities, to increase success rate, and to minimize the possibility of abuse of the scheme, and/or misuse of the assistance funds.</p> <p>1.2 WHAT DOES THE ASSISTANCE OFFER</p> <p>1.2.1 THE FUNDING ASSISTANCE IS FOR THE FOLLOWING:</p> <ul style="list-style-type: none"> <li>• Land preparation</li> <li>• Purchase of seed/planting material,</li> <li>• Purchase of breeding stock</li> <li>• Purchase of basic farm implements/tools/equipment</li> <li>• Purchase of fertilizer and poultry manure</li> <li>• Purchase of fungicides/weedicides and pesticides</li> <li>• Establishment of small scale poultry unit</li> <li>• Establishment of piggery unit</li> <li>• Establishment of hive Apiary</li> <li>• Agro based cottage industry.</li> <li>• Floriculture Industry</li> </ul> <p>1.3 WHO CAN APPLY:</p> <p>(i) Subsistence farmers</p> <p>(ii) Semi commercial farmers</p> <p>1.3.1 INDIVIDUAL FARMERS; AND GROUP OR COMMUNAL PROJECTS CAN APPLY FOR ASSISTANCE UNDER THIS PROGRAMME.</p> <p>1.3.2 REQUIREMENT FOR INDIVIDUAL FARMERS</p> <ul style="list-style-type: none"> <li>• The farmer should own sufficient land for farming with no financial means of purchasing items – 1.2.1</li> <li>• The farm is to be an owner/operator farm with the farmer staying on the farm – and not a “remote control” farmer. This is necessary to ensure commitment on the part of the farmer;</li> <li>• Applications submitted by farmers, would have to be fully justified by the Area Field Officer.</li> </ul> <p>1.3.3 REQUIREMENTS FOR GROUP PROJECTS OR NEW FARMERS</p> <ul style="list-style-type: none"> <li>• Aims and Objectives of the group should be clearly outlined;</li> <li>• The group must be in existence for at least 3 years prior to 1 April 2002.</li> <li>• The group should have a maximum of 10 members and in exceptional cases a minimum of 6 members. A minimum number is necessary, or else group assistance could be abused by 4 to 5 individuals getting together to call themselves a group with the sole purpose of receiving funds;</li> <li>• If a farmer is a group member, he does not qualify under the individual farmer assistance.</li> <li>• Applications submitted by groups who exist less than 3 years, would need to be fully justified by the Locality Field Officer</li> </ul> | <p><b>2.0 LEVEL OF ASSISTANCE</b></p> <p>2.1 A budget will be allocated for the 14 provinces and Rotuma for this program. Funding assistance will be provided up to \$1,000 per farmer and \$10,000 per group. No funding contribution will be required from applicants but ‘sweat equity’ in the form of established planting must be sighted by the Locality Field Officer.</p> <p><b>GUIDELINE ON GROUP PROJECTS</b></p> <p>The level of assistance for group projects should be directly related to membership numbers. For example, for a group of 10 farmers this could be \$10,000 per group or \$1,000 per individual member (or according to the quotations provided).</p> <p>The reason for this is to encourage group projects, which will bring people together, and to improve on group accountability and cohesiveness.</p> <p><b>3.0 FARM STANDARDS</b></p> <p>3.1 A full farm survey will be undertaken to benchmark the current status of the farm and the projected impact of assistance before any funds are released or assistance is provided to the farmers.</p> <p>3.2 <b>CRITERIA FOR INDIVIDUAL FARMERS</b></p> <p>3.2.1 <b>PERFORMANCE</b></p> <p>3.2.2 An applicant should be a progressive farmer, and needs some assistance to develop from subsistence to semi-commercial farming.</p> <p>3.3 <b>CRITERIA FOR GROUP APPLICATION</b></p> <p>3.3.1 <b>MANAGEMENT</b></p> <p>3.3.2 The group applying should be recommended by the Locality Field Officer and endorsed by Senior Agriculture Officer. (project paper is required)</p> <p>3.3.3 The group should have 10 or more members and will be assisted with only \$10,000.</p> <p><b>4.0 ADMINISTRATION OF FUNDING ASSISTANCE</b></p> <p>4.1 The scheme will be administered by this Ministry and implemented and supervised through its Divisional Agricultural Officers. In each Division a 5 member Committee comprising of ATO, AO, SAO, and PAO, to vet and recommend to the Chief Executive Officer for Agriculture funding for projects up to a limit of \$1,000.00.</p> <p>The Committee will also consider proposals from other Government Departments, however, once approved the project is monitored by the Ministry of Agriculture.</p> |
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For more information - Please contact your locality Agriculture Officer for assistance

**APPLICANT'S  
PASSPORT  
SIZE PHOTO**

MINISTRY OF AGRICULTURE

## APPLICATION FORM (Funding Assistance for Rural Farmers)

### PART A - Applicants Detail (to be filled by the Applicant/farmer)

- Applicant's full name : \_\_\_\_\_ or Group Name: \_\_\_\_\_  
 Father's name (if Indian) : \_\_\_\_\_ Number in Group : \_\_\_\_\_  
 Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Formed : \_\_\_\_/\_\_\_\_/\_\_\_\_
- Marital Status :
- Name of Spouse :   
 Spouse Occupation :
- Postal Address :
- Residential Address :
- Telephone Number :
- Race : a) Fijian  Indo-Fijian   
 Others   
 b) Male  or Female
- Are you a : Crop Farmer  Subsistence or Semi-subsistence  
 Livestock Farmer
- a) Do you live on the farm? Yes  No
- How long have you been farming?
- Have you received any other form of assistance? \_\_\_\_\_

•Names of Group Members

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_
5. \_\_\_\_\_ 6. \_\_\_\_\_
7. \_\_\_\_\_ 8. \_\_\_\_\_
9. \_\_\_\_\_ 10. \_\_\_\_\_

(List Surname and First Name)

•Group & Individual Objectives

•Types of Groups

Please provide existing and last two years production details

| COMMODITY          | UNIT                 | QTY | 2004 | 2005 | EXISTING |
|--------------------|----------------------|-----|------|------|----------|
| Cassava            | (AREA/ NO.OF MOUNTS) |     |      |      |          |
| Dalo               |                      |     |      |      |          |
| Others             |                      |     |      |      |          |
| Types of Livestock |                      |     |      |      |          |
|                    |                      |     |      |      |          |
|                    |                      |     |      |      |          |
|                    |                      |     |      |      |          |

I fully endorse this application  
(Turaga-ni-koro/Mata/Roko/ or  
Advisory Council)

.....  
Signature

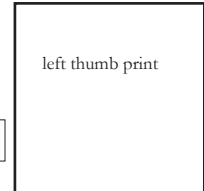
Designation : \_\_\_\_\_



- I will inform the Ministry of Agriculture of any changes to my personal circumstances, while my application is being considered.
- I authorised the Government of Fiji to make any enquiries necessary to determine my eligibility for the Farming Assistance and to use any information supplied in this application for that purpose.
- I have read and understood about the information required to fill this application form.
- I will utilise any inputs received to productive use according to plan and then, any abuse of inputs will render me liable for prosecution.

Signature of Applicant or Left Thumb print

.....  
Signature



Date : Day  Month  Year

Witness

Declared before me at  this  day of  200\_.

This is to declare that I have visited and verified this application.

Name of Locality Extension Officer (MOA)

Name \_\_\_\_\_  
Designation \_\_\_\_\_  
Signature \_\_\_\_\_

**Eligibility for Assistance.**

Yes  or No

Supervising Extension Officer MOA (Senior Agriculture Officer)

Name \_\_\_\_\_  
Designation \_\_\_\_\_  
Address \_\_\_\_\_  
Signature \_\_\_\_\_

Date : Day  Month  Year

**OFFICIAL USE (Screening Committee)**

Action Required

1. General Remarks

\_\_\_\_\_

2. Recommendations

\_\_\_\_\_

4.

.....  
signature of chairman

...../...../200....  
Date

.....  
signature of RF secretary

**Payment**

1. Approved by : \_\_\_\_\_ Amount : \$ \_\_\_\_\_ Designation: \_\_\_\_\_

2.

| Date | LPO No. | Issued By | Total (\$) |
|------|---------|-----------|------------|
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