



Growing Forward Program Application

PART A: GENERAL INFORMATION

Growing Forward applicants will be required to complete part A once. Subsequent Growing Forward applications will not require completion of part A, unless there is a change in status, example: address.

APPLICANT INFORMATION:			
Surname	First	Initial	Language Preference English <input type="checkbox"/> French <input type="checkbox"/>
Name of Business or Organization (if applicable)			Business Identification No. (Optional)
Mailing Address (Street and/or Postal Box Address)			Aboriginal Self Declaration (Optional)
Town/Village/City		Postal Code	First Nations (Status Indian) <input type="checkbox"/> First Nations (Non-status Indian) <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/>
E-mail Address			
Legal Status of Applicant (check one of the following)			
Proprietorship (Individual) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/>			
Phone No.	Cell No.	Fax No.	<input type="checkbox"/> Registered Lobbyist and/or Group as defined in the federal <i>Lobbying Act</i>

MAFRI Premises ID Number _____ <input type="checkbox"/> Not yet assigned
IF NOT YET ASSIGNED AND YOU HAVE LIVESTOCK, PLEASE COMPLETE PART C.

LEGAL NAME(S): Legal name(s) and/or the legal name of partners and/or principal shareholders (owning 10% or more company shares) of the applicant. Please identify Signing Officers of the Business/Organization (if applicable). If necessary attach an additional sheet to application.	Phone No.

The personal information on this application form is being collected for the Growing Forward Program and will be used for program administration. The information will be stored, used and shared by officials of Manitoba Agriculture, Food and Rural Initiatives or other government departments where the information is relevant for the purpose of audit, evaluation, program development, determining assistance and responding to the client. Your personal information is protected by the Protection of Privacy Provisions of *The Freedom of Information and Protection of Privacy Act (FIPPA)* and *The Personal Information Protection and Electronic Documents Act (PIPEDA)*. If you have any questions about the collection of personal information, contact the Manager of Administration, Manitoba Agriculture, Food and Rural Initiatives.

Office Use Only			
Date Received:	Client No.:	Program No.:	Project No.:
Client Service Contact – Manitoba Agriculture, Food and Rural Initiatives (only one contact name permitted)			
Name	GO Office	Phone No.	



INDUSTRY INNOVATION Agri-Food Research and Development Initiative (ARDI) Program Application

ARDI Innovation Office
c/o Manitoba Association of Agricultural Societies
Box 72, 38 Birch Crescent
Morris, Manitoba R0G 1K0
Phone: 204-746-8186 Fax: 204-746-8213
E-mail: cevenson@mts.net

PART B: PROJECT INFORMATION

CLIENT NAME:	CLIENT No.:
--------------	-------------

Code 1 CO-APPLICANTS

(Must complete personal information on pages 10 & 11) The co-applicants agree that the Contact in Part A will administer the grant.

Co-Applicant Name	Role	Signature	Organization
Collaborators Name	Role	Signature	Organization

Code 2

I have read and understand the terms and conditions associated with this Growing Forward Program and I have provided accurate information.

_____	_____	_____
Company President/CEO, Organization President	Department or Section Head/Dean/Director	Contact

Code 3 PROJECT TITLE:
(short title of proposed research and development project)

Code 4 PROJECT DESCRIPTION:
(write a maximum of 10 key words that describe your research and development project)

Code 5a CONFIDENTIALITY

Indicate if:		NO	YES
You wish to negotiate confidentiality for your			
	a) proposal	[]	[]
	b) project results	[]	[]

Code 5b CANADIAN ENVIRONMENTAL ASSESSMENT ACT

Note: If applicant is successful, this application is required to be screened for impact under *The Canadian Environmental Assessment Act* or *The Environmental Act* (Manitoba).

Code 6a OUTLINE THE SIGNIFICANCE THE PROPOSED RESEARCH OR DEVELOPMENT PROJECT will have towards the identification of new farm income streams, growth in the value-added sector, reduced costs of primary production or enhanced stewardship of the environment. Please include full business plan for proposed research or development project.

Code 6b OUTLINE PROJECTED ECONOMIC BENEFITS AND JOB CREATION THAT WILL RESULT WITHIN FIVE YEARS OF PROJECT COMPLETION. *To the extent possible, project the annual value of production (farm gate), value-added, and/or number and type of jobs created.*

[Empty box for project details]

Empty rectangular box for the outline of the proposed research or development plan.

Code 8 PROJECT TIMELINE: *In detailed point form, outline the project timeline for objectives, steps, experiments, or division of labour as described in the research and development project plan, i.e.: What date is planned for each task to begin? How long will each task take to complete?*

Code 9 BUDGET INFORMATION:

	Year 1		Year 2		Year 3	
	Other	ARDI	Other	ARDI	Other	ARDI
Detailed List of Funding Sources						
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
Total Funds	\$	\$	\$	\$	\$	\$
EXPENSES (please list each item below)						
Personnel* Itemize below						
Name	\$	\$	\$	\$	\$	\$
Name	\$	\$	\$	\$	\$	\$
Name	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$
PROFESSIONAL						
Accounting	\$	\$	\$	\$	\$	
Audit	\$	\$	\$	\$	\$	\$
Technical	\$	\$	\$	\$	\$	\$
Extension	\$	\$	\$	\$	\$	\$
Administrative	\$	\$	\$	\$	\$	\$
Contracts	\$	\$	\$	\$	\$	\$
Project Management	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$
RENTAL						
Facility	\$	\$	\$	\$	\$	\$
Office	\$	\$	\$	\$	\$	\$
Processing	\$	\$	\$	\$	\$	\$
Lab	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$

MATERIALS/ SUPPLIES						
Laboratory						
Consumables	\$	\$	\$	\$	\$	\$
Reusables	\$	\$	\$	\$	\$	\$
Technical	\$	\$	\$	\$	\$	\$
Consumables	\$	\$	\$	\$	\$	\$
Reusables	\$	\$	\$	\$	\$	\$
Software	\$	\$	\$	\$	\$	\$
Mechanical	\$	\$	\$	\$	\$	\$
Consumables	\$	\$	\$	\$	\$	\$
Reusables	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$
EQUIPMENT						
Purchase	\$	\$	\$	\$	\$	\$
Lease	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$
TRAVEL						
Per Diem	\$	\$	\$	\$	\$	\$
Hotel	\$	\$	\$	\$	\$	\$
Mileage	\$	\$	\$	\$	\$	\$
Flights	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$
OTHER						
Conference and Meeting	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$	\$	\$

*Personnel Costs			
Name of Employee/Student	Position Description: Student, Technician, Post Doctoral Fellowship, Employee, etc.....	Number of months to be paid during project	Monthly Rate
			\$
			\$
			\$
			\$
			\$
			\$

Code 10 NEW OR CONTINUING RESEARCH PROJECT: *(Identify research or development in progress which relates to this proposal, giving names and employees or investigators).*

[Empty rectangular box for providing details of the research project.]

Personal Data (see Code 1)

Family Name	Given Names	Position
Organization/Company/Institution		Department (if applicable)
Address	City/Town	Postal Code
Phone No.	Fax No.	E-mail Address
In the case of group grant applications, give the name of the principal applicant.		
Describe past experiences and/or patents relevant to the project (<i>Only include relevant information from the last 3 years</i>).		
List professional designations, degrees, certificates, diplomas	List college, university, institution	

Personal Data (Continued)

Publications (complete if applicable to the project):
(only include relevant information from the last 3 years)

- 1 (a) Total number of refereed papers ever published in scientific journals. _____
(b) Total number of papers ever published in full in refereed conference proceedings. _____

- 2 (a) List, beginning with the most recent, the publications in (a) and (b) above that have been published in the last 3 years. *Use the same authorship format as that in the original publication.*
(b) List, under a separate heading, other evidence of productivity during the last 3 years.

_____ Date

_____ Signature



PART C: MANITOBA PREMISES IDENTIFICATION

For Livestock and Poultry

CLIENT NAME:	CLIENT No.:
--------------	-------------

Growing Forward applicants who have not previously submitted a Manitoba Premises Identification Application will be required to complete this section.

Premises identification information will be used to identify the location of animals for the purposes of preventing, preparing, responding and recovering from emergencies affecting animal or human health.

I. Premises Information

A premises is a parcel of land, on which or on any part of which livestock or poultry are grown, kept, assembled or disposed of at any point during the year. If applying for more than one premises, attach an additional form for each premises. On additional forms, complete sections I and III. The information from section II does not need to be added to additional forms unless the information differs from the information on the original form. If you are providing information on more than five premises or require additional information, please contact your local MAFRI GO Office for assistance.

Purpose of Application: New Applicant Update Existing Premises Identification Information

* Required Information

1* Land Description:

Legal Land Description:

NW NE Section _____ Township _____ Range _____ Meridian W E

SW SE Subdivision description, if applicable _____
(select one)

OR

Parish Lot Parcel: Type _____ Lot _____ Name _____

AND/OR

Geo-Referenced Coordinates (*decimal degrees*):

Latitude: + Longitude: -

Location referenced by coordinates (*ex. driveway, barn door etc.*) _____

2 Name or Description of Premises (ex. home quarter, summer pasture etc.):

3* Premises Type (select all that apply):

<input type="checkbox"/> Farm, Stable	<input type="checkbox"/> Assembly Yard	<input type="checkbox"/> Veterinary Hospital/Lab
<input type="checkbox"/> Feedlot	<input type="checkbox"/> Auction, Livestock Sale Facility	<input type="checkbox"/> Insemination Centre
<input type="checkbox"/> Pasture	<input type="checkbox"/> Rendering Plant	<input type="checkbox"/> Livestock/Poultry Research Facility
<input type="checkbox"/> Community Pasture	<input type="checkbox"/> Zoo, Petting Zoo	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Hatchery	<input type="checkbox"/> Exhibition, Fair Ground, Racetrack, Competition Facility	
<input type="checkbox"/> Abattoir		

4* Species Type:

Select all species that may be present at any time during the year at this location. For each species indicate the maximum capacity (i.e. the number of animals this premises can accommodate). For the other birds and other categories list all applicable species and indicate the maximum capacity for each. Please see the guidelines for a list of the other species to be included.

<input type="checkbox"/> Dairy Cattle	capacity: _____	Laying Hens	
Beef Cattle		<input type="checkbox"/> Breeder	capacity: _____
<input type="checkbox"/> Cow-Calf	capacity: _____	<input type="checkbox"/> Pullet	capacity: _____
<input type="checkbox"/> Backgrounder	capacity: _____	<input type="checkbox"/> Layer	capacity: _____
<input type="checkbox"/> Feedlot	capacity: _____	Turkeys	
<input type="checkbox"/> Bison	capacity: _____	<input type="checkbox"/> Meat	capacity: _____
Pigs		<input type="checkbox"/> Breeder	capacity: _____
<input type="checkbox"/> Weanling	capacity: _____	<input type="checkbox"/> Other Birds	capacity: _____
<input type="checkbox"/> Nursery	capacity: _____		specify _____
<input type="checkbox"/> Feeder	capacity: _____	<input type="checkbox"/> Sheep	capacity: _____
<input type="checkbox"/> Boars	capacity: _____	<input type="checkbox"/> Goats	capacity: _____
<input type="checkbox"/> Sows/Gilts	capacity: _____	<input type="checkbox"/> Horses	capacity: _____
Broiler Chickens		<input type="checkbox"/> Farmed Bees	capacity: _____
<input type="checkbox"/> Breeder Pullet	capacity: _____	<input type="checkbox"/> Other	capacity: _____
<input type="checkbox"/> Breeder Layer	capacity: _____		specify _____
<input type="checkbox"/> Broiler	capacity: _____		

5 Premises Number:

11 empty boxes for Premises Number

(Premises Allocation Number assigned by Canadian Cattle Identification Agency)

6 Civic/911 Number:

6 empty boxes for Civic/911 Number

(Number on sign at driveway – up to six digits)

7 GLN Number:

13 empty boxes for GLN Number

II. Contact Information

1(a) Emergency Contact Information (*individual responsible for day-to-day operations at premises*):

Do not complete if emergency contact information is the same as in Part A of Growing Forward application.

Name*: _____
(First) (Middle Initial) (Last)

Business/Farm Name: _____

Mailing Address*: _____

Town/City*: _____ Postal Code*: _____

Home Phone Number*: _____ Business Phone Number*: _____

Cell Phone Number: _____ Fax Number: _____

1(b)* Relationship of emergency contact to premises: (select one)

Owner Lessee
 Manager Renter Other (specify): _____

