



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"/>
E-mail Address			First Nations (Non-status Indian) <input type="checkbox"/>
Legal Status of Applicant (check one of the following)			Métis <input type="checkbox"/>
Proprietorship (Individual) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/>			Inuit <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.	



Agricultural Sustainability Initiative

PART B: PROJECT INFORMATION

CLIENT NAME:	CLIENT No.:
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PROJECT TITLE:

Be specific, one project per application.

PRIORITY AREA:

Indicate which priority area you are applying for.

PROJECT DESCRIPTION:

State your background and objectives (*What do you want to accomplish with this project?*)

Describe project activities (Clearly state how activities will meet objectives; provide details on how the project will be carried out and what information or data will be collected.)

Describe how this project may reduce any potential impact to the environment while supporting agricultural sustainability.

List deliverables that will be produced (*ex: factsheets, or reports, or evaluations*) *Itemize deliverables and record quantity and deliverable date.*

Provide communications strategy for project (*ex: news releases, distribution of deliverables, meetings*).

List technical advisors who have provided input in preparing this proposal.

BUDGET INFORMATION:

Budget Items	Total Project Cost (A)	Program Contribution		Partner Contribution (Provide details)		
		Requested (B)	Approved (for office use only)	Cash (C)	In-Kind (D)	Partner Name
Labour Costs						
Travel Expenses						
Supplies/Materials						
Fees/Analysis						
Equipment Rental						
Advertising and Promotion						
Administration						
Other (please specify)						
Totals						

Note: B+C+D = A

I have read and understood the terms and conditions associated with this Growing Forward program and I have provided accurate information.
 Signature: _____ Date: _____

Mail or fax completed application to:
Manitoba Agriculture, Food and Rural Initiatives (MAFRI) GO Office
Box 189
Somerset, Manitoba R0G 2L0
Fax: 204-744-4060

For more information, contact your local MAFRI GO Office or call Manitoba Government Inquiry at 1-866-626-4862 to help locate your nearest GO Office.

OFFICE USE ONLY – Chair, Program Approval Committee

Approved: Yes No Amount: _____ Signature: _____ Date: _____/_____/_____