Municipal Service Delivery Improvement Program

Application Package

# INSTRUCTIONS

1. Complete all sections of the Application Form. Clearly identify how your project aligns with the program eligibility requirements outlined in the Program Guidelines.
2. Attach:
   1. A copy of the municipal Council resolution indicating support for the proposed review.
   2. Any other project details, such as a work plan, history of the program budget, case studies, or other supporting documents, if available.
3. Submit your application by email to [MSDIP@gov.mb.ca](mailto:MSDIP@gov.mb.ca)
4. Contact [MSDIP@gov.mb.ca](mailto:MSDIP@gov.mb.ca) if you have questions about applying.

# application form

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| Part 1: Applicant Information |
| Name of Municipality/Planning District(s):  Click or tap here to enter text. |
| Name and position of primary contact person:  Click or tap here to enter text. |

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| Part 2: Project Description |
| What service, process and/or program will your review evaluate?  Click or tap here to enter text. |
| Why have you chosen this area to review? (E.g. rising costs, research/data supporting alternatives, circumstantial opportunity)  Click or tap here to enter text. |
| Provide a summary of the objectives of your proposed service delivery review. Include a timeline and how you will use the report and recommendations. Please indicate preferred firm (250 words maximum).  Click or tap here to enter text. |

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| Part 3: Estimated Return on Investment (ROI)/Service Delivery Improvement | |
| **Estimated ROI calculation** | |
| Current cost of the program ($) |  |
| Total Investment ($) |  |
| Return on Investment ($) |  |
| Return on Investment (%) |  |
| Payback Period (months or years) |  |
| **Or Estimated Service Delivery Improvement** | |
| Service Delivery Improvement or savings: |  |

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| Part 4: Certification |
| I have reviewed this application and the supporting material and certify that it is accurate to the best of my knowledge and understanding.  I guarantee that staff resources will be dedicated to completing this review in partnership with a third-party consultant.  I acknowledge that the consultant will produce a report with recommendations and it will be made public.  Name:  Click or tap here to enter text. |
| Position/title:  Click or tap here to enter text. |
| Date:  Click or tap to enter a date. |

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| Part 5: Attachments |
| 1. A copy of the municipal Council resolution indicating support for the proposed project. 2. Additional project details and/or supporting documents. This information will be used as part of the project evaluation. |