

### Indigenous Agriculture and Relationship Development Indigenous Agriculture and Food Systems Application Worksheet for Planning and Consulting

Applicant Information			
Legal Name of the First Nation, Métis, or Inuit Indigenous Group			
Last Name		First Name	
Primary Phone			
Number			
Primary Email			
Information provided above must be the same as the information provided on the Applicant Information Form			

**Project Title:** provide a clear, descriptive title for the proposed project. (maximum of 250 characters)

**Project Summary:** provide a short overview of what the project will include. (maximum of 500 characters)





# Gender Based Analysis Plus: select all that apply, at least one box must be checked. Indigenous People First Nations Métis Inuit Unknown Vour response is for information purposes only and will not affect the assessment of the application

# **Project Location:** using <u>one</u> of the options below, indicate the location of where the majority of project activities will take place.

Indigenous/First Nation Community	
Rural Municipality	
Regional Location	

- Use Indigenous/First Nation Community if project activities are occurring primarily within the community.
- Use Rural Municipality if the majority or project activities are occurring in a specific area or location. If the project takes place across two or more municipalities, select the single municipality where the majority of project activities are occurring.
- Use Regional Location if project activities are occurring across a large region or outside Manitoba.

# **Project Impact:** describe the harvested, produced, or processed good the project will focus on (e.g. wheat farming, bee farming, wild rice processing, etc.).

If more than one sector or commodity will be impacted by the project activities, please indicate which sector or commodity would be considered the one that would be impacted the most or considered as the majority.

Community Engagement	
Has the proposed project been discussed with community members, band members, Elders, and/or Knowledge Keepers? (if <b>yes</b> , describe the community engagement that has taken place)	
(in <b>yes</b> , describe the community engagement that has taken place)	

Project Partners		
Will the project involve any community or industry partners? (if <b>yes</b> , complete the table below for each partner)		
Partner 1		
Business or Organization or Name of Community		
Role in Project		
Description of Contribution		
Partner 2		
Business or Organization or Name of Community		
Role in Project		
Description of Contribution		
Partner 3		
Business or Organization or Name of Community		
Role in Project		
Description of Contribution		

**Project Description:** describe the project including the main issue that the project is intending to solve or what community opportunity is being explored. (maximum of 2,000 characters)

### Planning and Consulting

If you are you working with or plan on working with any service providers, agencies, consultants, or other individuals to complete the project, identify who you are working with (or are planning to work with) and what their role and responsibilities will be. (maximum of 2,000 characters)

<b>Expected Project Outcomes</b> : indicate up to three expected project outcomes. (maximum 500 characters for each outcome)			
ltem	Description		
А.			
В.			
C.			

Project Timeline and Budget			
Timeline			
Estimated Start Date	Estimated End Date	Duration (in months)	
Project activities must be completed by August 21, 2025			

### **Budget**

Additional Information:

- Budget information must be based on quotes received from suppliers and vendors, less GST.
- If the Applicant's funding request is approved, the project will be cost shared between the applicant and the government at a ratio and maximum funding amount outlined in the Program Guide. Additional information on specific eligible costs, including equipment, can be found in the Program Guide.
- The applicant must incur and pay all eligible and approved expenses associated with the project before they can be reimbursed.
- Eligible expenses must be incurred between April 1, 2024, and August 21, 2025.
- Eligible expenses are to be entered into the fiscal year column in which they will be incurred. For example:
  - Enter expenses that will be incurred between April 1, 2024, and March 31, 2025, into the **2024-25** column.
  - Enter expenses that will be incurred between April 1, 2025, and August 21, 2025, into the **2025-26** column.

Project Expenses: complete	all applicable fields, financial information must be in Car	nadian dollars,	ess GST.
Expense	Description	2024-25	2025-26
•	•	Amount	Amount
	Subtotal		
Total			

**Client Contribution/Other Funding:** if applicable, indicate the source, amount and description of non-Sustainable CAP funds that will be used to pay for this project, including funds provided by the applicant. If non-Sustainable CAP funds are being used for a specific item (e.g. refreshments, hall rental, etc.) please specify in the Description column.

Source of Contribution	Amount (in Canadian dollars)	Description	Contribution Status

### **Privacy Notice and Declaration**

The Department of Agriculture ("Manitoba Agriculture") is collecting Applicant information, which may include personal information, under the authority of clause 36(1)(b) of The Freedom of Information and Protection of Privacy Act ("FIPPA") as the information relates directly to, and is necessary for, determining and verifying Applicant eligibility for programs administered under the Sustainable Canadian Agricultural Partnership ("Program").

Manitoba Agriculture is authorized to use information, which may include personal information, under the authority of clause 43(1)(a) of FIPPA, for the purpose of determining and verifying Applicant eligibility for the Program.

Manitoba Agriculture is authorized to disclose information to the Government of Canada, which may include personal information, under the authority of clauses 44(1)(i) and 44(1)(x.1) of FIPPA, in order to facilitate the monitoring and evaluation of a shared cost program or service.

All personal information collected by Manitoba Agriculture is protected under FIPPA. Personal information cannot be used or disclosed for any other purpose, unless consent is provided or the disclosure is authorized or required under FIPPA.

Should you have any questions about the collection, use or disclosure of personal information, contact the Access and Privacy Co-ordinator at 204-945-4823.

## This Declaration must be completed by a duly authorized representative of the Applicant.

### Checking the boxes below indicates acceptance and is required.

The Applicant has read and understands the Program Guide and confirms that the Applicant meets all of the requirements of an eligible applicant.

The Applicant has read and understands the Program Terms and Conditions.

If the Applicant's funding request is approved, the Applicant agrees to comply with the Program Guide and the Program Terms and Conditions.

The Applicant represents and warrants that no Manitoba government employee holds a 50% or more ownership interest in the business or organization that is applying for funding.

The Applicant represents and warrants that no current or former member of the Legislative Assembly of Manitoba holds an ownership interest in the business or organization that is applying for funding.

The Applicant understands that if the Applicant's funding request is approved, that approval and payment of funding is subject to and conditional upon the Applicant signing a written funding agreement, satisfactory in form and content to Manitoba Agriculture.

The information provided in this Application Worksheet is complete, true, and accurate.

-	The Applicant confirms that the information provided in the Applicant Information Form:
	a) previously submitted under the Sustainable CAP Program; or
	b) submitted together with this Application Worksheet.

is complete, true, and accurate.

Submit form with associated documents together by email to agriculture@gov.mb.ca

For more information, contact <u>agriculture@gov.mb.ca</u> or call 1-800-811-4411.

To save the form, please click on the SAVE button and save the form to your desktop (or anywhere else on your computer)	
If the form is complete, and you are ready to submit, please click on the SUBMIT button and the form will be attached to a new email. Please note that if any field with a red border is left blank, the form cannot be submitted	