



## Sustainable Canadian Agricultural Partnership

Competitive. Innovative. Resilient.

## Market Development Program Application Worksheet

**Applicant Information:** Enter contact information for the business and the primary contact person

Legal Name of Business

Last Name		First Name
Primary Phone Number		
Primary Email		

Complete all fields, if a question is not applicable, please enter a value of zero (0) or N/A as directed.

**Project Overview:** Completing this section will contribute 5% to your total Application Worksheet assessment score

**Project Title:** Provide a short and descriptive title for the project including, but not limited to, the type of business and product(s) involved, the intended purpose and outcome(s). (max. 250 characters)

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Note: It is recommended to complete the Project Executive Summary question after the rest of the Application Worksheet and Budget Templates have been filled out to ensure that a thorough overview of the project is provided.



**Project Executive Summary:** Provide a short and descriptive overview of the project highlights including, but not limited to, a brief background, objectives, scope, timelines, and outcome(s). (max. 1,250 characters)

### Project Industry Benefit

Select any of the following groups who will directly benefit from the project's activities. Select all that apply, at least one box must be checked.

Your response is for information purposes only and will not affect the assessment of the application.

Indigenous People  
First Nations  
Métis  
Inuit  
Unknown  
Women  
Youth (under 40)  
Not applicable  
Decline to identify

**Business Overview:** Completing this section will contribute 8% to your total Application Worksheet assessment score

**Current Employment:** Enter zero (0) if you do not have any full-time or part-time employees, do not leave fields blank.

How many full-time employees do you have?	
How many part-time employees do you have?	

## Products

Describe the product(s) that your business currently produces and/or distributes including, but not limited to, the type and number of product SKUs, type of packaging and size, what marketing channels the product(s) is/are sold in. (max. 500 characters)

**Current Sales:** Enter zero (0) if your business does not have a current sales revenue and if the percentage of sales related to wholesale is zero, do not leave fields blank.

What is your company's current sales revenue?	
What percentage (%) of your current sales revenue is related to wholesale?	

**Commercial Customers:** Enter N/A in the first row of the chart if your company does not have any existing commercial customers, do not leave fields blank.

Identify the **top seven (7) existing commercial customers** you currently sell your product(s) to:

Name of Commercial Customer	Number of Stores/Establishments You Sell Your Product(s) at	Total Yearly Sales Revenue for all Stores/Establishments You Sell Your Product(s) to

## Market Locations

In what geographical jurisdictions do you currently sell your product(s)? Select all that apply.

Manitoba	Canada	Internationally	I do not currently sell my product(s)
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If internationally was selected above, please **identify the top five (5) countries and regions** by largest to smallest sales revenue:

Item	Country and Region (e.g. United States - Midwest Region)	Percentage of Company Sales Revenue (%)
1.		
2.		
3.		
4.		
5.		

## Agricultural Inputs Used

Identify **your top five (5) largest agricultural inputs** that your business uses in your product(s). In column A identify significant agricultural inputs; column B identify if the agricultural input is sourced from Manitoba, Canada, or an international jurisdiction; column C, identify the volume/weight/quantity of the input used per year; column D indicate the unit of measure for each input; and column E identify the cost to purchase each input per year.

Name of Agricultural Input (A)	Source (B)	Volume Per Year (C)	Unit of Measure (D)	Cost per Year (E)

**Project Details:** Completing this section will contribute 43% to your total Application Worksheet assessment score

**Project Funding Activities** Select all funding activities that apply to this project:

Market Intelligence and Research

Market Development Planning and Training

Product Commercialization

Market Development

Note: At least one (1) funding activity must be selected above.

**Project Location:** Using one (1) of the three options below, indicate the location where the majority of project activities will take place.

Municipality

Choose an Item

Name of Indigenous/First Nation Community

Regional or Geographical Location

Choose an Item

**Project Industry Impact:** Identify the one (1) primary product that will be impacted by this project. [Use North American Industry Classification System \(NAICS\)](#) to 6 digits , if possible, to identify your product (max 250 characters)

Note: If more than one (1) type of product will be impacted by the project activities, identify the one (1) that would be impacted the most.

## Main Project Opportunity or Challenge

What is the **main opportunity or challenge for this project**? Provide a specific, descriptive, and thorough overview of the main project opportunity or challenge including, but not limited to, supporting metrics and analysis. (max. 1,000 characters)

How will the **main opportunity or challenge for this project be solved or addressed**? Provide a specific, descriptive, and thorough overview of the how the main project opportunity or challenge will be solved or addressed including, but not limited to, supporting metrics and analysis. (max. 1,000 characters)

## Secondary Project Opportunity or Challenge

What is the **secondary opportunity or challenge for this project**? Provide a specific, descriptive, and thorough overview of the secondary project opportunity or challenge including, but not limited to, supporting metrics and analysis. Enter N/A in the box below if your company does not have a secondary opportunity or challenge for this project, do not leave fields blank. (max. 1,000 characters)

How will the **secondary project opportunity or challenge for this project be solved or addressed**? Provide a specific, descriptive, and thorough overview of the how the secondary project opportunity or challenge will be solved or addressed including, but not limited to, supporting metrics and analysis. Enter N/A in the box below if your company does not have a secondary project opportunity or challenge for this project that will be solved or addressed, do not leave fields blank. (max. 1,000 characters)



## Project Planning and Execution

Provide a specific, thorough, and descriptive overview of the **top five (5)** service providers, agencies, consultants, or other individuals that are financially compensated and/or that have a significant involvement in the preparing, planning, coordinating and/or executing of the project. Include their individual or business name and what their role and responsibilities are in assisting you in completing your project. (max. 250 characters per company or individual).

Company or Individual Name	Company or Individual's Project Role and Responsibility

## Project Risks

Provide a specific, thorough, and descriptive overview of the **top three (3) project risks** that you may encounter and explain how you plan to address each of them. Enter N/A in the first row of the chart if your company does not have any project risks, do not leave fields blank. (max. 250 characters per project risk)

1.	
2.	
3.	

**Project Marketing Strategy:** Completing this section will contribute 28% to your total Application Worksheet assessment score

## Marketing Strategy

Is this project assisting you in entering a new market?

Is this project assisting you in expanding an existing market?

Complete all four (4) marketing elements as they pertain to the project. (max. 750 characters per marketing element)

Marketing Element	Description
<b>Consumer</b> Describe your consumer demographics (e.g. age, gender, marital status, education, income and occupation) and how your product(s) satisfy their needs by market (e.g. local, domestic and/or international) for this project.	

<p><b>Cost</b></p> <p>Identify all of the costs directly associated with manufacturing your product(s) and your gross margin by market (e.g. local, domestic and/or international) for this project. Provide actual costs for the main product manufactured for this project.</p>	
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<p><b>Convenience</b></p> <p>Identify where you will sell your product(s) (e.g., direct market, events, online retail store, independent retail store, chain retail store, service and/or hospitality establishments, manufactures, institutions, distributors) and how you will distribute your product(s) to your customer(s) by market (e.g. local, domestic and/or international) for this project.</p>	
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<p><b>Communication</b></p> <p>Identify the type of communication channels (e.g., direct marketing, website, social media platforms, blog, in-store demonstrations, signage) you use to promote and sell your product(s) by market (e.g. local, domestic and/or international) for this project.</p>	
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Commercial Customers		
<p>List your <b>top five (5) new potential commercial customers</b> that you plan to sell your product(s) to as a result of this project by largest to smallest sales revenue. Enter N/A in the first row of the chart if your company does not have know the names of the commercial customers you will sell product too, do not leave fields blank.</p>		
Name of New Commercial Customer	Total Number of Stores/Establishments you Plan to Sell your Product(s) To	Total Monthly Sales Revenue for all Stores/Establishments you Plan to Sell your Product(s) To

## Project Outcomes

Identify up to the **top three (3) expected project outcomes**.

- Use the dropdown menu to select an objective for each project outcome.
- Use the description field to provide a specific, descriptive, and thorough overview of each project outcome and how it supports program objectives. Provide supporting metrics and analysis where possible. (max. 750 characters per project outcome).
- Enter N/A in the Description box for Outcome 1 if your company does not have any expected project outcomes as a result of this project, do not leave field blank.

### Outcome 1

Objective	
Description	

### Outcome 2

Objective	
Description	

Outcome 3	
Objective	
Description	

Project Employment Information: Identify the number of additional new full-time and part-time staff you expect to hire as a result of completing the project.		
Do you expect to hire any new full-time employees? (If yes, complete question below)		
Additional New Full-Time Employees Hired as a Result of the Project	One Year After Project Completion	Three Years After Project Completion
How many new full-time employees do you expect to hire?		

Do you expect to hire any new part-time employees? (If yes, complete questions below)		
Additional New Part-Time Employees Hired as a Result of the Project	One Year After Project Completion	Three Years After Project Completion
How many new part-time employees do you expect to hire?		
Note: Identify only the employment hires that are anticipated as a result of completing the project, not the expected total number of employees for your business.		

## Project Sales Revenue Information

Indicate the **additional new sales revenue** you plan to incur **as a result of completing this project**.

Additional Sales Revenue as a Result of This Project	One Year After Project Completion	Three Years After Project Completion
How much additional new sales revenue do you anticipate as a result of this project?		
Note: Indicate only the new sales revenue that is anticipated as a result of completing this project, not the expected total sales revenue of your business.		

**Project Budget & Timeline:** Completing this section will contribute 16% to your total Application Worksheet assessment score

### Timeline

Estimated Project Start Date	Estimated Project End Date
Note: Approved projects must be completed by September 30, 2026.	

### Budget

The budget information will be entered into a separate excel document titled “**Market Development Program Budget Template**”. Once complete, the excel document and this PDF Application Worksheet are to be submitted together via email to the Program Administrator.

**Attachments:** Ensure that the following documents have been included along with your Application Worksheet. Failure to provide these documents may result in an incomplete Application Worksheet.

- Applicant Information Form (if not previously submitted, or if information has changed)
- A completed Market Development Program Budget Template
- For a business that has been operational for more than one year:
  - Your most recent Balance Sheet
  - Your most recent Income Statement
- For a business that has been operational for one year or less:
  - Pro Forma Balance Sheet
  - Pro Forma Income Sheet
- Other information such as organizational chart, business plan, marketing plan, product photos, cash flows, other owned or partially owned business balance sheet, income statement and cash flows in which you are involved.

## 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 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 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.

Date Application Worksheet completed and submitted.  
(YYYY-MM-DD)

Submit Application Worksheet along with any associated documents together in one (1) email to  
[agriculture@gov.mb.ca](mailto:agriculture@gov.mb.ca)

For more information, contact [agriculture@gov.mb.ca](mailto:agriculture@gov.mb.ca) 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)

Save