

## *Intake Package*

# Municipal Enforcement Support Program

### INSTRUCTIONS

1. Complete all sections of the Intake Form.
2. Submit your intake form by email to [mrmca@gov.mb.ca](mailto:mrmca@gov.mb.ca).
3. A supporting council resolution must accompany the intake form.
4. Email [mrmca@gov.mb.ca](mailto:mrmca@gov.mb.ca) if you have questions.

Available in alternate formats upon request.

## INTAKE FORM

<b>Part 1: Applicant Information</b>
Name of Municipality:
Name and position of primary contact person:

<b>Part 2: Enforcement Resources</b>									
How many personnel or staff (including third-party contractors) is your municipality interested in deploying to enforce public health orders on a full or part-time basis?									
<table border="1"> <thead> <tr> <th></th> <th><b># of Personnel</b></th> <th><b>Total # of hours / week on Public Health Order enforcement</b></th> </tr> </thead> <tbody> <tr> <td>Existing</td> <td></td> <td></td> </tr> <tr> <td>Proposed new</td> <td></td> <td></td> </tr> </tbody> </table>		<b># of Personnel</b>	<b>Total # of hours / week on Public Health Order enforcement</b>	Existing			Proposed new		
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Existing									
Proposed new									
Municipalities are encouraged to consider adding new temporary resources for the duration of the program.									

<b>Part 3: Need for Financial Support</b>	
This program recognizes that COVID-19 has had financial impacts on municipalities and that many municipalities may not have the capacity within existing budgets to increase enforcement capacity.	
Please provide a high-level estimate of the full negative financial impacts that your municipality has experienced due to the COVID-19 pandemic for 2020. Do not consider any offsetting provincial or federal funding support – this will be done by the Department.	
Decreased revenue	
Increased program / operational costs	

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New equipment – <i>protective barriers, new communications technology, etc.</i>	
Increased capital costs – <i>labour, materials, etc.</i>	
Other financial impacts – <i>please identify</i>	

<b>Part 4: Certification</b>
<p>I have reviewed this intake form and certify that it is accurate to the best of my knowledge and understanding.</p> <p>Name:</p>
<p>Position/title:</p>
<p>Date:</p>

<b>Part 5: Submission and Council Resolution</b>
<p>Submit this intake form to <a href="mailto:mrmca@gov.mb.ca">mrmca@gov.mb.ca</a>.</p> <p>A supporting council resolution must accompany the intake form.</p>

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