Intake Package

Municipal Enforcement Support Program

# INSTRUCTIONS

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

# INTAKE form

|  |
| --- |
| Part 1: Applicant Information |
| Name of Municipality:  Click or tap here to enter text. |
| Name and position of primary contact person:  Click or tap here to enter text. |

|  |
| --- |
| Part 2: Enforcement Resources |
| 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?   |  |  |  | | --- | --- | --- | |  | **# of Personnel** | **Total # of hours / week on Public Health Order enforcement** | | Existing |  |  | | Proposed new |  |  |   Municipalities are encouraged to consider adding new temporary resources for the duration of the program. |

|  |  |
| --- | --- |
| Part 3: Need for Financial Support | |
| 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 |  |
| New equipment – *protective barriers, new communications technology, etc.* |  |
| Increased capital costs – *labour, materials, etc.* |  |
| Other financial impacts – *please identify* |  |

|  |
| --- |
| Part 4: Certification |
| I have reviewed this intake form and certify that it is accurate to the best of my knowledge and understanding.  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. |

|  |
| --- |
| Part 5: Submission and Council Resolution |
| **Submit this intake form to** [**mrmaas@gov.mb.ca.**](mailto:mrmca@gov.mb.ca)  A supporting council resolution must accompany the intake form. |