



# Sustainable Canadian Agricultural Partnership

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## Indigenous Agriculture and Relationship Development Relationship Development and Engagement Application Worksheet

### Applicant Information

Legal Name of Organization or the Indigenous Business, Organization, Community or Government

Last Name		First Name	
Primary Phone Number			
Primary Email			

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

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**Project Summary:** provide a short overview of the proposed project. *(max. 500 characters)*

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## Project Overview

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

## Project Location: using one 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 of 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 primary sector or commodity that will be impacted by project activities (e.g. wheat farming, cattle farming, oilseed 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 community engagement taken place?

(if Yes, describe engagement and identify the community and/or community members that have been engaged) (max. of 750 characters)

Yes

No

**Project Description:** described the reason for the event/ topic(s) to be covered, planned engagement process and tools that will be provided (max of 1,500 characters)

What is the planned date of the event?

## Inclusion Support

Will the event support the inclusion of youth, women, and elders? (if Yes, describe how) (max. of 750 characters)	Yes	No

## Project Outcomes

**Expected Project Outcomes:** indicate up to three expected project outcomes (maximum 500 characters for each outcome).

Item	Description
A.	
B.	
C.	

**Project Next Steps:** indicate what post-event resources or activities are required (max. 1,500 characters)

## Project Timeline and Budget

### Timeline

Estimated Start Date	Estimated End Date	Duration (in months) (Project length up to 12 months)

### Budget: complete all applicable fields, financial information must be in Canadian dollars, less GST.

#### 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 have paid, for all eligible and approved expenses associated with the project before they can be reimbursed.
- The purchase of culturally appropriate gifts are capped at 10% of total approved eligible expenses
- Elder and/or Knowledge Keeper fees and travel accommodations and capped at up to \$350 for a full day or \$175 for a half day. An Elder and Knowledge Keeper invoice template is available, as part of this document, and can be used where applicable.

## Event Expenses

Item	Description	Amount (less GST)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
<b>Total</b>		

**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. 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



## 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.

	Date Application Worksheet completed and submitted (YYYY – MM – DD)
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Submit form with associated documents together by 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)	
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	



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## Indigenous Agriculture and Relationship Development Program Elder and Knowledge Keeper Invoice Template

### Directions

If an invoice is not available, please complete the form below and include it along with your claim. This document should only be used if the project has been approved and a Funding Agreement has been received. This document can be used for each Elder and Knowledge Keeper that was involved with the event.

Name	
Title	Elder                      Knowledge Keeper
Name of Event	
Location of Event	
Date of Event	
Amount Paid (in Canadian dollars)	
Method of Payment	Cheque                      e-Transfer                      Other
If Other, describe	
Please ensure that a valid proof of payment is included along with document	

\_\_\_\_\_  
Date  
(YYYY-MM-DD)

\_\_\_\_\_  
Signature  
(of Elder or Knowledge Keeper)