## 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 <br> Number |  |  |  |
| Primary Email |  |  |  |

Complete all fields, if a question is not applicable, please enter a value of zero ( 0 ) or $\mathrm{N} / \mathrm{A}$ 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)

Note: It is recommended to complete the Project Executive Summary question after the rest of the Application Worksheet has 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. 1,000 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
$\square$ First Nations
$\square$ Métis
$\square$ Inuit
$\square$ Unknown
$\square$ Women
$\square$ Youth (under 40)
$\square$ Not applicable
$\square$ Decline to identify
$\square$ Métis
$\square$ Inuit
$\square$ 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.

## 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 <br> Establishments Your <br> Product(s) is/are Sold <br> To | Total Monthly Sales <br> Revenue for Your <br> Product(s) |
| :--- | :--- | :--- |
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## Market Locations

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

Manitoba $\square \quad$ Canada $\square \quad \left\lvert\,$\begin{tabular}{l}
Internationally $\square$

$\quad$

I do not currently <br>
sell my product(s)
\end{tabular}$\square\right.$

If internationally was selected above, please identify the top five (5) countries and regions by largest to smallest sales revenue:

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

## Agricultural Inputs Used

Identify your top five (5) main 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 <br> Agricultural Input <br> (A) | Source <br> (B) | Volume Per Year <br> (C) | Unit of Measure <br> (D) | Cost per Year <br> (E) |
| :--- | :--- | :---: | :---: | :---: |
|  | Select One |  |  |  |
|  | Select One |  |  |  |
|  | Select One |  |  |  |
|  | Select One |  |  |  |
|  | Select One |  |  |  |

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

Project Funding Streams: Select all funding streams that apply to this project:

$\square$
Market Information and Research $\square$ Market Development, Planning and TrainingProduct Commercialization $\square$ Domestic and International Development Activities

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

Project Location: Using one 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 primary product that will be impacted by this project. (max 250 characters)

Note: If more than one type of product will be impacted by the project activities, identify the one 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 you entering a new market? | Select One |
| :--- | :--- | :--- |
| Is this project assisting you in expanding an existing market? | Select One |
| Complete all four (4) marketing elements as they pertain to the project. (max. 750 characters per <br> marketing element) |  |
| Marketing Element |  |
|  |  |
| Customer |  |
| Describe your customer |  |
| demographics and how |  |
| your product(s) satisfy their |  |
| needs by market (e.g. |  |
| local, domestic and/or |  |
| international) for this |  |
| project. |  |$\quad$|  |
| :--- |

## Cost

Identify all cost elements you include as part of your cost of goods (COGs) calculation for the wholesale price of your product(s) by market (e.g. local, domestic and/or international) for this project.

## Convenience

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.

## Communication

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.

## Commercial Customers

List your top five (5) new potential commercial customers 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 any existing commercial customers, do not leave fields blank.

| Name of New Commercial Customer | Total Number of <br> Establishments <br> you Plan to Sell <br> your Product(s) <br> To | Total Monthly <br> Sales Revenue <br> Planned for <br> Your <br> Product(s) |
| :--- | :---: | :---: |
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## 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. 500 characters per project outcome).
- Enter N/A in the Description box for Outcome 1 if your company does not have any expected project outcomes, do not leave field blank.


## Outcome 1

| Objective | Select One |
| :--- | :--- |
|  |  |
| Description |  |
|  |  |
|  |  |

## Outcome 2

| Objective | Select One |
| :--- | :--- |
|  |  |
| Description |  |
|  |  |
|  |  |


| Outcome 3 |  |
| :--- | :--- |
| Objective | Select One |
|  |  |
| 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? <br> (If yes, complete question below) |  | Select One |
| :--- | :---: | :---: |
| Additional New Full-Time Employees Hired as a Result <br> of the Project | One Year After <br> Project <br> Completion | Three Years <br> After Project <br> Completion |
| How many new full-time employees do you expect to hire? |  |  |


| Do you expect to hire any new part-time employees? <br> (If yes, complete questions below) |  | Select One |
| :--- | :---: | :--- |
| Additional New Part-Time Employees Hired as a Result <br> of the Project | One Year After <br> Project <br> Completion | Three Years <br> After Project <br> 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 occur as a result of completing this project.

| Additional Sales Revenue as a Result of This Project | One Year After <br> Project <br> Completion | Three Years <br> After Project <br> Completion |
| :--- | :---: | :---: |
| How much additional new sales revenue do you anticipate as <br> 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 | Duration <br> (in months) |
| :---: | :---: | :---: |
|  |  |  |

Note: Approved projects must be completed by March 31, 2025.

## Budget Information

Before completing the budget table, please review the following information:

- The maximum funding limit is $\$ 30,000$ per application per intake.
- The minimum project size is $\$ 3,000$ in eligible expenses (any application requesting less than $\$ 3,000$ will not be accepted).
- Eligible travel expenses cannot occur more than one (1) day before a domestic tradeshow, mission, or a Business-to-Business (B2B) meeting and no more than two (2) days before an international trade show, mission or B2B meeting.
- For Description, include a general description of the expense, the name of the good and/or service, quantity, and purpose.
- Budget information should be based on quotes or estimates received from goods and/or service providers.
- If the project is approved for funding, the project will be cost shared between the applicant and the government at a ratio and maximum funding amount as outlined in the Program Guide. Additional information on specific eligible expenses, can be found in the Program Guide.
- The applicant must incur, and have paid, all eligible and approved expenses associated with the project before reimbursement. Invoices and proof of payment in the name of a party other than the Applicant will not be considered.
- All costs listed in the budget table must be exclusive of Goods and Service Tax (GST).
- Financial information must be in Canadian dollars.
- There will be four (4) separate budget tables, one (1) for each funding stream. Complete all applicable budget tables. Each budget table with automatically total with a summary included on page 20.
- Each row does not have to have a value, only complete the rows which are applicable, for example, if you have four (4) separate expenses, complete the first four (4) rows only.


## Budget: Market Information and Research Funding Stream

The Market Information and Research funding stream supports increasing marketplace knowledge and identifies the viability of a product's successful entry into a new market or expansion in an existing market.

| Category | Description | Amount <br> (less GST) |
| :--- | :--- | :--- |
| Select One |  |  |
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## Budget: Market Development, Planning and Training Funding Stream

Expenses which support building business market development and export capacity that will address non-tariff related market access barriers and support business growth domestically and internationally.

| Category | Description | Amount <br> (less GST) |
| :--- | :--- | :--- |
| Select One |  |  |
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## Budget: Product Commercialization Funding Stream

The Product Commercialization funding stream supports the pre-commercialization, commercialization, and enhancement of new and existing innovative products.

| Category |  | Amount <br> (less GST) |
| :--- | :--- | :--- |
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## Budget: Domestic and International Development Activities Funding Stream

The Domestic and International Development Activities funding stream supports business expansion in new and existing domestic and international markets.

| Category |  | Amount <br> (less GST) |
| :--- | :--- | :--- |
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Budget Summary Table

| Funding Stream | Total <br> (less GST) |  |  |
| :--- | ---: | :---: | :---: |
| Market Information and Research | $\$ 0.00$ |  |  |
| Market Development, Planning and Training | $\$ 0.00$ |  |  |
| Product Commercialization | $\$ 0.00$ |  |  |
| Domestic and International Development Activities | $\$ 0.00$ |  |  |
| Total |  |  | $\$ 0.00$ |

Client Contribution: Indicate the source of non-Sustainable Canadian Agricultural Partnership (CAP) funds that will be used to pay for this project. Enter zero (0) in the amount column for any funding source that is not applicable.

|  | Amount | Interest <br> Rate (\%) | $\begin{gathered} \text { Term } \\ \text { (in months) } \end{gathered}$ | Source/Lender |
| :---: | :---: | :---: | :---: | :---: |
| Total Project Cost |  |  |  |  |
| Cash |  |  |  |  |
| Sale of Inventory |  |  |  |  |
| Funding - Non-Repayable |  |  |  |  |
| Funding - Repayable |  |  |  |  |
| Investment from Sole Proprietor/Partners/ Shareholders |  |  |  |  |
| Loan |  |  |  |  |
| Line of Credit |  |  |  |  |
| Other |  |  |  |  |
| Total | \$ 0.00 |  |  |  |

Note: The expected Sustainable CAP Market Development funding cannot be part of your funding plan and is not to be included in the table above.

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.

- For a business that has been operational 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.
$\square$ 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

For more information, contact 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)

Once the form is complete, and ready to submit, please click on the SUBMIT button and the form will be attached to a new email. Note: the form cannot be submitted if any field is highlighted with a red border. This will include blank fields.

