

Market Development Program Application Worksheet

| Applicant Information | ation: Enter contact in | formation for the business and the primary |
|------------------------------------|----------------------------|--|
| Legal Name of Busine | ess | |
| | | |
| Last | t Name | First Name |
| | | |
| Primary Phone Number | | |
| Primary Email | | |
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| Complete all fields, if | a question is not applicab | le, please enter a value of zero (0) or N/A as directed. |
| | | |
| Project Overviews Worksheet assess | | on will contribute 5% to your total Application |
| | of business and produ | otive title for the project including, but not act(s) involved, the intended purpose and |
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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 First Nations Métis Inuit Unknown Women Youth (under 40) Not applicable Decline to identify | | |
| Business Overview: Completing this section Application Worksheet assessment score Current Employment: Enter zero (0) if you employees, do not leave fields blank. How many full-time employees do you have? How many part-time employees do you have? | <u> </u> | | |

| Products | | |
|---|--|---|
| Describe the product(s) that your business curre limited to, the type and number of product SKUs channels the product(s) is/are sold in. (max. 500) | s, type of packaging and size | |
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| Current Sales: Enter zero (0) if your busing and if the percentage of sales related to we | | |
| What is your company's current sales revenue? | | |
| What percentage (%) of your current sales rever wholesale? | nue is related to | |
| | | |
| Commercial Customers: Enter N/A in the not have any existing commercial custom | | |
| Identify the top seven (7) existing commercial | customers you currently s | sell your product(s) to: |
| Name of Commercial Customer | Number of Establishments Your Product(s) is/are Sold To | Total Monthly Sales Revenue for Your Product(s) |
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| Market Locations | | | | | |
|------------------|---|---|--------------------------|--|---------------------|
| In what | t geographical ju | risdictions do you currentl | y sell your product(s)? | Sele | ct all that apply. |
| Manito | lanitoba Canada Internationally | | | I do not currently sell my product(s) | |
| | nationally was se to smallest sales | elected above, please ider s revenue: | ntify the top five (5) c | ounti | ries and regions by |
| Item | Country and Region (e.g. United States - Midwest Region) | | P | ercentage of Company Sales Revenue (%) | |
| 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 Agricultural Input (A) | Source (B) | Volume Per Year (C) | Unit of Measure (D) | Cost per Year (E) |
|--------------------------------------|---------------|------------------------|------------------------|----------------------|
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| 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: | | | |
| Market Information and Research | Market Development, Planning and Training | | |
| Product Commercialization | Domestic and International Development Activities | | |
| Note: At least one (1) funding stream must be selected above. | | | |

| Project Location: Using <u>one</u> of the three options below, indicate the location where the majority of project activities will take place. | | |
|---|--|--|
| Municipality | | |
| Name of Indigenous/First Nation Community | | |
| Regional or Geographical Location | | |

| Project Industry Impact: Ide | tify the primary p | 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 |
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| 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) |
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| 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) |
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| Secondary Project Opportunity or Challenge |
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| 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) |
| secondary opportunity of challenge for this project, do not leave fields blank. (max. 1,000 characters) |
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| How will the secondary project opportunity or challenge for this project be solved or |
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| addressed? Provide a specific, descriptive, and thorough overview of the how the secondary project |
| 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 |
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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 |
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| encount | er and explain how y npany does not have | and descriptive overview of the top three (3) project ris ou plan to address each of them. Enter N/A in the first rote any project risks, do not leave fields blank. (max. 250 ch | w of the chart if |
|--|---|--|-------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
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| _ | t Marketing Strat ition Worksheet as | egy: Completing this section will contribute 28% ssessment score | to your total |
| | ing Strategy | | |
| Is this pr | oject assisting you ir | you entering a new market? | |
| Is this pr | oject assisting you ir | n expanding an existing market? | |
| | te <u>all</u> four (4) marketing element) | ng elements as they pertain to the project. (max. 750 cha | racters per |
| Marl | keting Element | Description | |
| demogra your pro needs by local, do | er e your customer aphics and how duct(s) satisfy their y market (e.g. mestic and/or onal) for this | | |

Project Risks

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. |
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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.

Total Number of Total Monthly

| Name of New Commercial Customer | Establishments you Plan to Sell your Product(s) To | Sales Revenue Planned for Your 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 | |
| Description | |
| | |
| Outcome 2 | |
| Objective | |
| Description | |

| Outcome 3 | | | | |
|--|--|--|-----------------|--|
| Objective | | | | |
| Description | | | | |
| | | | | |
| | ment Information: Identify the numb ou expect to hire as a result of comple | | w full-time and | |
| Do you expect to h (If yes, complete qu | ire any new full-time employees? uestion below) | | | |
| Additional New Full-Time Employees Hired as a Result of the Project Completion 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 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 occur 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 | Duration (in months) |
|------------------------------|----------------------------|-------------------------|
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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 (less GST) |
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| | Total | |

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 (less GST) |
|----------|-------------|----------------------|
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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 | Description | Amount (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 | Description | Amount (less GST) |
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| Budget Summary Table | | |
|---|---------------------|--|
| Funding Stream | Total (less GST) | |
| Market Information and Research | | |
| Market Development, Planning and Training | | |
| Product Commercialization | | |
| Domestic and International Development Activities | | |
| Total | | |

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 Rate (%) | Term (in months) | 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 | | | | |

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
 - o 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

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. | |