

Market Development Program Applicant Information Form

When submitting this Applicant Information Form, please note the following:

1. If this is the first time applying for the Market Development Program, the appropriate Application Worksheet is required to be completed in addition to this Applicant Information Form.
2. For all subsequent funding requests under the Market Development Program, only the Application Worksheet is required to be completed.

Applicant Information: Enter contact information for the Business or Organization and the primary contact person

Legal Name of the Business or Organization		
Last Name		First Name
Role or Position with Business or Organization		
Mailing Address (Street and/or Postal Box Address)		Village/Town/City
Province	Postal Code	Primary Phone Number
Primary Email		

Enter your unique 9-digit Social Insurance Number (SIN)	
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Enter your unique 9-digit Business Number (BN9) or Goods and Service Tax (GST) Number	
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Business Overview: Enter information as it pertains to the Business or Organization that is applying for funding

What year was the business or organization established?	
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How many years have you been operating the business or organization?	
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Recipient Type	
<p>1. Is your business or organization majority owned (or majority represented) by one or more of the following? Select all that apply, at least one box must be checked.</p> <p>Or</p> <p>2. Does your organization's Board of Directors have a diverse composition with significant representation (30% or more) from one or more of the following groups? Select all that apply, at least one box must be checked.</p>	<p>Indigenous People</p> <p>First Nations</p> <p>Métis</p> <p>Inuit</p> <p>Unknown</p> <p>Women</p> <p>Youth (under 40)</p> <p>Not applicable</p> <p>Decline to identify</p>
Your response is for information purposes only and will not affect the assessment of the application	

Legal name(s) of sole proprietor, partners or principal shareholders (owning 10% or more company shares) must be identified below. If a sole proprietor, partner or shareholder is a current government employee or a current or former member of the Legislative Assembly of Manitoba, they must be identified in the table below.

Legal Name of Sole Proprietor, Partner or Shareholder	Percentage of Ownership (%)	Government Employee or Current or Former Member of the Legislative Assembly of Manitoba

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 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 information provided in this Applicant Information Form is complete, true, and accurate.

The Applicant undertakes and agrees to notify the Program Administrator promptly by e-mail at agriculture@gov.mb.ca or by phone at 1-800-811-4411 if there is any change in the information provided in this Application Information Form.

	Date Applicant Information Form completed and submitted (YYYY – MM – DD)
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Submit form along with any other associated documents together by 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).	
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(s) with a red border is left blank, the form cannot be submitted.	