

Market Development Program Application Worksheet

Applicant Information: Enter contact contact person	t information for the business and the primary		
Legal Name of Business			
Last Name	First Name		
Primary Phone Number			
Primary Email			
Complete all fields, if a question is not applicable, please enter a value of zero (0) or N/A as directed.			
Project Overview: Completing this sometimes with the contraction of	ection will contribute 5% to your total Application		
Project Title : Provide a short and characters)	descriptive title for the project. (max. 250		

Note: It is recommended to complete the Project Executive Summary question after the rest of the Application Worksheet and Budget Templates have been filled out to ensure that a thorough overview of the project is provided.





an overview of the project activities characters)	and the state of the	
Identification of Under-represente	ed Groups	
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.	Indigenous People First Nations Métis Inuit 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.

How many full-time employees do you have?

How many part-time employees do you have?

Your response is for information purposes only and will not affect the assessment of the application

Products			
Describe the product(s) that your business currently produces and/or distributes including the type and number of product SKUs, type of packaging and size, what marketing channels the product(s) is/are sold in and how the products are distributed. (max. 600 characters)			
Current Sales: Enter zero (0) if yo and if the percentage of sales related			
What is your company's current sales re	venue?		
What percentage (%) of your current sales revenue is related to wholesale trade (e.g. sales to food and hospitality service establishments, institutions, retailers, wholesalers and distributors and not direct to consumers)?			
Commercial Customers: Enter N	/A in the first row of the char	t if vour company does	
not have any existing commercial			
List your top seven (7) existing comm largest to smallest sales revenue:	nercial customers you currently	sell your product(s) to by	
	Number of Stores/Establishments	Total Yearly Sales Revenue for all	
Name of Commercial Customer	You Currently Sell Your Product(s) at	Current Stores/Establishments	
		You Sell Your Product(s) to	

Market Locations					
In what geographical jurisdictions do you currently sell your product(s)? Select all that apply.					
Manitol	oba Canada Internationally		I do not currently sell my product(s)		
	nationally was se to smallest sale:	elected above, please ider s revenue:	ntify the top five (5) co	ountr	ries and regions by
Item	LOUDITY AND ROUGH		ercentage of Company Sales Revenue (%)		
1.					
2.					
3.					
4.					
5.					

Agricultural Inputs Used

List your top five (5) largest agricultural inputs that your business uses to produce your product(s). Do not include packaging or hydro as inputs. 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)

Worksheet assessment score	will contribute 45 % to your total Application
Project Funding Activities Select all fu	nding activities that apply to this project:
Market Intelligence and Research	Market Development Planning and Training
Product Commercialization	Market Development
Note: At least one (1) fundi	ing activity must be selected above.
Domestic Project Location: If project action (1) of the three (3) options below, to indicate domestic project activities will take place	
Municipality	
Name of Indigenous/First Nation Community	
Regional or Geographical Location	
International Project Location: If project locations, list the countries where activities	ct activities will take place at international les will take place.
your product. For example: NAICS code Manufacture is 31212, Yogurt Manufacture	System (NAICS) to 6 digits, if possible, to identify for a Coffee Manufacture is 311920, Brewery ure is 311511. (max 250 characters)
	oduct will be impacted by the project activities, at would be impacted the most.

Secondary Project Opportunity or Challenge
What is the secondary opportunity or challenge for this project ? Provide a thorough overview and analysis (including metrics) of the secondary project opportunity or challenge including describing in detail what the secondary opportunity or challenge is, why it is a secondary opportunity or challenge, and why the opportunity or challenge should be solved or addressed. (max. 1,250 characters),
How will the accordant project enperturity or challenge for this project he colved or
How will the secondary project opportunity or challenge for this project be solved or addressed? Provide a thorough overview and analysis (including metrics) of how the secondary project opportunity or challenge will be solved or addressed including describing in detail how you plan to solve or address the secondary opportunity or challenge (including referencing project activities and/ or budget items) and why is this the best solution. (max. 1,250 characters)

Project Planning and Execution
List and describe your 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 describe 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 Responsibilit

	t Risks		
	-	prough overview of the top three (3) project risks that yo	-
and expl	lain how you plan to a	address each of them. (max. 250 characters per project ri	isk)
1.			
2.			
3.			
_	t Marketing Strat tion Worksheet as	egy: Completing this section will contribute 28% tessessment score	to your total
Market	ing Strategy		
is this pr	oject assisting you ir	entering a new market?	
		entering a new market? expanding an existing market?	
Is this pr	oject assisting you in) characters per
Is this pr	oject assisting you in	expanding an existing market?) characters per

Cost List all of the actual costs directly associated with manufacturing the main product (e.g. inputs, labelling, individual and shipping packaging, manufacturing labour) and your gross margin by market (e.g. local, domestic and/or international) for this project.	
Convenience List where you plan 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 List 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.	

List your top five (5) new prospect 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 know the names of the commercial customers you will sell product too, do not leave fields blank. **Total Number of Total Yearly Sales** Stores/Establishments Revenue for all Name of New Prospect you Plan to Sell your Stores/Establishments **Commercial Customer** Product(s) To you Plan to Sell your Product(s) To **Project Outcomes** Select and describe the top three (3) anticipated project outcomes that align with the program objectives. Use the dropdown menu to select an objective for each project outcome. Use the description field to provide a descriptive, and thorough overview of each project outcome and how it supports program objectives. Provide supporting metrics and analysis where possible. (max. 750 characters per project outcome). Enter N/A in the Description box for Outcome 1 if your company does not have any expected project outcomes as a result of this project, do not leave field blank. **Outcome 1** Objective Description

Commercial Customers

Outcome 2				
Objective				
Description				
Outcome 3				
Objective				
Description				
Due to at England		an af a dalah an alam	forth diversion and	
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? (If yes, complete question below)				
Additional New Full-Time Employees Hired as a Result of the Project		One Year After Project Completion	Two 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	One Year After Project Completion	Two 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 generate **as a result of completing this project**.

Additional Sales Revenue as a Result of This Project	One Year After Project Completion	Two 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 Timeline, Budget & Company Financials: Completing the timeline, Budget Template and submitting your company balance sheet and income statement for financial assessment will contribute 16% to your total Application Worksheet assessment score

Timeline

Estimated Project Start Date	Estimated Project End Date
Note: Approved projects must be completed by September 30, 2027.	

Budget

The budget information will be entered into a separate excel document titled "Market Development Program Budget Template". Once complete, the excel document and this PDF Application Worksheet are to be submitted together via email to the Program Administrator.

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.

- Applicant Information Form (if not previously submitted, or if information has changed)
- A completed Market Development Program Budget Template
- For a business that has been operational for more than one year:
 - Most recent Balance Sheet
 - 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.

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 your application by email to agriculture@gov.mb.ca.

Only complete applications will be accepted. Complete applications must include:

- Applicant Information Form if this is your first time applying to the Sustainable Canadian Agricultural Partnership (Sustainable CAP)
 - If you previously applied to Sustainable CAP, the Applicant Information Form doesn't need to be submitted again.
 - If you are unsure if you have previously applied for funding or if your applicant information has changed, email the Program Administrator at: agriculture@gov.mb.ca
- Application Worksheet all required sections must be completed.
- **Budget** must be completed using the Excel budget template provided.
- Balance Sheet and Income Statement
 - For a business that has been operational for more than one year:
 - Most recent Balance Sheet
 - Most recent Income Statement
 - For a business that has been operational for one year or less:
 - Pro Forma Balance Sheet
 - Pro Forma Income Sheet

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)