



# Sustainable Canadian Agricultural Partnership

Competitive. Innovative. Resilient.

## Applicant Information Form

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

1. If this is the first time applying to the Sustainable Canadian Agricultural Partnership program, you are required to complete and submit this form along with the associated Application Worksheet or Rebate Worksheet.
2. If you have previously applied to the Sustainable Canadian Agricultural Partnership program, this form is not required and only the associated Application Worksheet or Rebate Worksheet must be submitted.

If you are unsure if you have previously applied for funding or if your applicant information has changed, please email the Program Administrator at: [agriculture@gov.mb.ca](mailto:agriculture@gov.mb.ca)

### 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

**Note:** If any shareholder of the applying business, organization, partnership, etc. is a current government employee that owns 50% or more ownership interest or is a current or former elected official with an ownership interest, this form will not be considered.



**Payment and Tax Information: Please fill in only one of the following options**

Enter your unique 9-digit Business Number (BN9) or GST Number

Enter your unique 9-digit Social Insurance Number (SIN)\*

**\*Complete the SIN field ONLY if you are applying as a sole proprietorship or partnership that reports this entity's income as part of your personal income tax return.**

**Recipient Type: Complete either Section A or Section B**

Section A: Complete if you identify as a **non-Indigenous** entity

Section B: Complete if you identify as an **Indigenous Group** (First Nation, Métis, or Inuit)

If you selected **Indigenous-led group**, describe how the group supports Indigenous communities as well as the composition of staff, voting members, shareholders, board of directors, etc.

**Registered Organization Information (for Organizations only)**

Are you registered with the Manitoba Companies Office (or another legally registered body)

If **yes**, enter your Registry Number and Status

Registry Number

Status

Are you a non-profit Organization?

**Manitoba Premises Identification (for Primary Producers only)**

Enter your Manitoba Premises ID Number

Enter the Legal Land Description Associated with the Above Premises ID Number (Example: NW 14-23-03 E)

If a number is not yet assigned, and you have livestock, please click [here](#)

**Gender Based Analysis Plus: 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**

<p>1. Is your business or organization majority owned (or majority represented) by one or more of the following?</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?</p>	<p>Indigenous People</p> <ul style="list-style-type: none"><li>First Nations</li><li>Métis</li><li>Inuit</li><li>Unknown</li></ul> <p>Women</p> <p>Youth (under 40)</p> <p>Not applicable</p> <p>Decline to identify</p>
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## 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](mailto: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 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)	
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.	