**Funding Application**

**Regional Cumulative Effects Assessment**

1. Group/Organization: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Contact Person(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone Number: Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Alternate Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. What is the nature of your group? (e.g. resource users, First Nation, community council etc.)

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5. Is there an organization executive? Who are they?

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6. What are the issue(s) of concern to be addressed? (Be specific)

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7. Outline your activity plan. (Use a separate sheet if necessary)

 Who will be reviewing the documents? How? Over what time period?

 What and how will community input be sought?

 How will activities be coordinated?

What will be the product at the end of the review?

 Who will be involved in developing the final submission/presentation?

 ***If advisors will be contracted, a signed letter, on their letterhead is needed to confirm that, should funding be available, they are committed to undertake the activities outlined, in the time and, for the amount indicated (see example).***

 How much will it cost? For each activity area and overall.

**TAXES SHOULD BE INCLUDED, WHERE APPLICABLE, IN THE CALCULATED COSTS**

8. Outline your budget. What is the amount being requested?

|  |  |
| --- | --- |
| **General Disbursements:** | **$ Amount** |
| Typing |  |
| Printing/Photocopying |  |
| Telephone Expenses (over normal base monthly costs) |  |
| Transportation (including mileage, cab fare etc.) |  |
| Meals (community meetings) |  |
| Postage/Advertising and other communication expenses |  |
| Facilitation/Coordination/Advisor |  |
| Accommodation |  |
| Honoraria |  |
| Meeting costs (hall rental, refreshments etc.) |  |
| Other: (please specify) |  |
| **Direct Expenses:** |  |
| Maps or computer files |  |
| Background Reports |  |
| Other: (please specify) |  |
| **Total** | **$** |

9. Other support:

 Volunteer hours:

 In-kind support:

 Cash:

10. The individual signing this application will be responsible for project and financial management and reporting, as described in the Funding Criteria. Signature of this form indicates that these terms and conditions are accepted.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of group/organization official Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of official

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position title

Forward a signed **ORIGINAL** (scanned copies will not be accepted) to:

Manitoba Clean Environment Commission

305-155 Carlton St.

Winnipeg, MB R3C 3H8

Ph: 204-945-7091

 800-597-3556 (toll free in Manitoba)

Fax: 204-945-0090

e-mail: cec@gov.mb.ca

*All information is being collected will be used to facilitate future communication regarding the hearing and to facilitate your participation. Information provided in this application is subject to the Protection of Privacy provisions of* The Freedom of Information and Privacy Protection Act*. If you have any questions please contact the Commission.*

APPENDIX I

Final accounting form to be completed with final amounts and supported by receipts.

|  |  |
| --- | --- |
| **General Disbursements:** | **$ Amount** |
| Typing |  |
| Printing/Photocopying |  |
| Telephone Expenses (over normal base monthly costs) |  |
| Transportation (including mileage, cab fare etc.) |  |
| Meals (out of town only) |  |
| Postage/Advertising and other communication expenses |  |
| Facilitation/Coordination/Advisor  |  |
| Accommodation |  |
| Honoraria |  |
| Meeting costs (hall rental, refreshments etc.) |  |
| Other: (please specify) |  |
| **Direct Expenses:** |  |
| Maps or computer files |  |
| Background Reports |  |
| Other: (please specify) |  |
| **Total** | **$** |

APPENDIX II

 **Current Provincial Expense Rates (Oct. 2012)**

**Meals**

In northern Manitoba In southern Manitoba

Breakfast $ 8.35 $ 7.85

Lunch $ 10.35 $ 9.85

Supper $ 17.90 $ 16.70

Per Diem $ 36.60 $ 34.40

Alcoholic beverages cannot be claimed.

**Accommodations**

Winnipeg - < $150/night (standard room only)

**Mileage**

In northern Manitoba In southern Manitoba (Oct. 2012)

47.4₵ per kilometre 43.0₵ per kilometre