

## Livestock Predation Prevention Program Applicant Information Form

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

1. If this is the first time applying for the Livestock Predation Prevention Program, the appropriate Application Worksheet and/or Rebate Worksheet is required to be completed in addition to this Applicant Information Form.

2. For all subsequent funding requests under the Livestock Predation Prevention Program, only the Application Worksheet or Rebate Worksheet is required to be completed.

| Applicant Information: Enter contact information for the Business or Organiz | zation and |
|--|------------|
| the primary contact person   |            |

Legal Name of the Business or Organization

| Las                     | t Name                          | First Name           |
|-------------------------|---------------------------------|----------------------|
|                         |                                 |                      |
| Role or Position with I | Business or Organization        |                      |
|                         |                                 |                      |
|                         | g Address<br>ostal Box Address) | Village/Town/City    |
|                         |                                 |                      |
| Province                | Postal Code                     | Primary Phone Number |
|                         |                                 |                      |
| Primary Email           |                                 |                      |





If you are a sole proprietor and do not have a GST or Business Number, please provide your SIN. If you are a farm business with a GST or Business Number, please provide your GST/Business Number.

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

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

| Enter your Manitoba Premises ID Number   |  |
|--|--|
| Legal Land Description Associated with the<br>Above Premises ID Number<br>(Example: NW 14-23-03 E) |  |
| If a number is not yet assigned, and you have livestock, please click here                         |  |

| Recipient Type   |  |
|--|--|
| <ol> <li>Is your business or organization<br/>majority owned (or majority<br/>represented) by one or more of the<br/>following? (Select all that apply, at<br/>least one box must be checked.)</li> <li>Or</li> </ol>                          | Indigenous People<br>First Nations<br>Métis<br>Inuit<br>Unknown    |
| 2. Does your organization's Board of<br>Directors have a diverse composition<br>with significant representation (30%<br>or more) from one or more of the<br>following groups? (Select all that<br>apply, at least one box must be<br>checked.) | Women<br>Youth (under 40)<br>Not applicable<br>Decline to identify |

Legal name(s) of sole proprietor, partners, or principal shareholders (owning 10% or more company shares) must be identified below. If any shareholder is a current government employee or a current or former elected official, they must be identified below.

| Legal Name of Sole Proprietor, Partner, or<br>Shareholder | Percentage of<br>Ownership<br>(%) | Government Employee<br>or Current or Former<br>Elected Official |
|---|-----------------------------------|---|
|   |                                   |   |
|   |                                   |   |
|   |                                   |   |
|   |                                   |   |
|   |                                   |   |

## **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").

Mantioba 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 Agricluture 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 <u>agriculture@gov.mb.ca</u> 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)

Submit form along with any associated documents together by email to agriculture@gov.mb.ca

For more information, contact <u>agriculture@gov.mb.ca</u> 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. |  |