



FUNDING NORTHERN POSSIBILITIES

GRANT WRITING ASSISTANCE
PROGRAM

NOVEMBER 2021

Manitoba Mineral Development Fund
c/o Manitoba Chambers of Commerce
550-201 Portage Ave
Winnipeg, Manitoba R3B 3K6
Tel: 204-891-3843
Email: mbenger@mbchamber.mb.ca

PART 1: APPLICATION COVER SHEET

Name of Project Contact:	
Position:	
Organization:	
Street Address:	
City/Town:	
Province :	Postal Code :
Telephone:	Fax:
E-mail:	

CONFIDENTIALITY

Applications and supporting material submitted to the Manitoba Mineral Development Fund will be subject to the *Access to Information Act* and the *Privacy Act*. Any information submitted in confidence should be clearly marked "CONFIDENTIAL" by the applicant.

DECLARATION

The organization agrees information provided will be disclosed to third parties for purposes of assessing the application for funding. All parties that this information is provided to are required to sign a confidentiality agreement and will therefore maintain the confidentiality of this document and its contents.

CERTIFICATION

By submitting this application, the lead applicant hereby certifies that the application and supporting documentation are true and complete in all respects.

Project Contact Name (please print): _____

Position: _____

Signature: _____

Date: _____

PART 2: Eligibility Requirements

Please indicate which category best describes the application:

- Not-for-Profit / Charitable Organization
- Municipality / Community Organization
- Indigenous Community / Group

*Please note: For-profit organizations and companies are not eligible for this funding

PART 3: Expression of Interest

Please indicate the intent of the application:

- Idea / Project Development
- Proposal Writing
- Application Coordination

1. **Overview:** Give a brief overview of how the funds will be used.

2. **Timelines:** Outline the key activities (project development, proposal writing, application coordination) are involved and when they will be completed.

Activities	Start Date	End Date	Outputs
List each activity/sub-activity in chronological order.	YYYY/MM/DD	YYYY/MM/DD	For each activity listed, indicate what will be produced, where applicable.
Activity 1:			

Activity 2:			
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1. **Organizational Capacity:** Does your community / organization have staff dedicated to economic development? Does your community / organization have resources dedicated to grant writing or project development? Please describe.