Participant Assistance Program Application Form

1) Assistance application is related to:

2) Applicant Information

Individuals, community groups, and not-for-profit organizations may apply for participant funding under the Participant Assistance Program.

Parties who demonstrated that they meet at least one of the following criteria may be eligible:

1) The applicant has clearly demonstrated an interest in the potential physical, social or economic effects of the development;

2) The applicant is a group of persons that has an established record of concern for or has demonstrated a commitment to the interest that it represents;

3) The applicant's work will assist the Panel in understanding the potential effects of the development and will contribute significantly to the hearing.

Name of Applicant or Organization:

Mailing Address

Street Address:

City or Town:

Province:

Postal Code:

Phone:

Cell:

Fax:

Email :

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Contact person(s) :

Phone :

Cell :

Email :

Organization Information

How many members are in your organization?

How many paid staff?

How long has your organization been in operation?

Please provide a list of the executive members of your organization.

Position/Designation	Name

What are the mandate and objectives of your organization? (please attach separate sheet or additional information as necessary)

4) Please provide the title(s), name(s), and signatures of the authorized person(s) who have signed this application and will be signing the funding agreement in the event that funding is authorized.

Title	Name	Signature

5) If you are a non-profit, please provide your non-profit number

and your GST number

If you are an individual, please provide your SIN

6) Financial Need

What are the sources of funding for your organization (e.g. government, donations, membership fees)?

Please attach your organization's financial statements for the past two years.

Have you requested and/or obtained any funding from any other source(s) which are related to the present funding request?

How much was requested and/or received?

What in-kind services and their approximate value will be provided by your organization or partners to assist you in participation in the hearing process?

In-kind Services (own contribution)	Approximate Value

To what extent will your participation be affected if no assistance is granted? Be specific.

7) Participation Information

How will you participate? Please check off the activities you plan to take part in.

	Review the environmental impact statement submitted by the project proponent.
	Review Technical Advisory Committee comments and responses.
	Review documentation relevant to the proposed project (relevant information may include, for example, previous environmental or scientific studies, project description, land use plans etc.).
	Give information to or collect information from community members.
	Prepare for and participate in the public hearing.
	Conduct research and prepare a submission.
	Present findings to the panel.
	Provide expert testimony.
	Question the proponent, other participants and expert witnesses.
	Provide closing statement.
	Others (please specify)

Please describe what issues are of specific concern to you?

Has your organization contacted other potential Participants in order to bring a number of interests within one representative group? If so, please list the groups that will be part of your representation.

8) Please attach a general activity plan to this application indicating activities for which assistance is being sought, consistent with the terms of reference for the review. Please limit the activity plan to 2 to 3 printed pages. (See example).

9) Please provide an estimated budget (Attachment A), that supports your activity plan. (See Eligible Expenditures).

Please provide a list of legal and expert advisors, using forms in Attachments B & C, including letters of commitment should funding be approved (see example).

Please provide job description(s) and staffing information for coordinator, secretarial and other support staff, as required, on Attachment D.

Please provide descriptions of other costs to be incurred on Attachment E.

10) Please have the Certification form signed by the designated representative.

Your application will not be processed until a signed original is received.

All information is being collected under authority of The Environment Act *and 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.*

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Attachment A

Proposed Budget

	$ Amount
Legal Fees:	
Professional Fees (experts):	
General Disbursements:	
Typing	
Printing	
Photocopying	
Transcripts	
Telephone Expenses (over normal base monthly costs)	
Transportation	
Accommodation	
Meals (out of town only)	
Translation	
Bookeeping/Accounting	
Postage/Other communication expenses	
Parking	
Other: (please specify)	
Direct Expenses:	
Maps	
Research reports	
Salaries (secretarial/coordination staff)	
Total	**$**

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Attachment B

Legal Fees

Name of legal expert and/or firm:

What are their specific skills relative to this review?:

Please describe the nature of work to be performed by legal experts and its pertinence to the Project. (e.g. research of case law related to similar circumstances in Canada, preparation of brief, presentation at hearing, questioning of Proponent and/or expert witnesses etc.)

Hourly or daily fee:

Number of hours/days required:

Estimated total costs ($):

A letter, from the advisor, stating that they are committed to undertake the outlined activities for the estimated costs should the proposal be funded, MUST accompany the work plan.

Attachment C

Expert Consultants

Name of expert/consultant and firm:

What are their specific skills related to this review?:

Please describe the nature of work to be performed by experts and consultants and its relationship to the Project. (e.g. research background information regarding environmental effects of similar projects in Canada, preparation of presentation, act as an expert witness at hearing etc.)

Hourly or daily fee:

Number of hours/days required:

Estimated total costs ($):

If there are more than one consultant/firm that you plan on utilizing for different aspects of your representation please fill out an Attachment C form for each one.

A letter, from each consultant, stating that they are committed to undertake the outlined activities for the estimated costs should the proposal be funded MUST accompany the work plan.

Attachment D

Staffing

Please provide summary information for all salaried staff positions that will be specifically dedicated to participating in the hearing activities. (Please fill out an Attachment D for each position).

Name of employee/position:

Duties related to the hearing activities:

Number of hours/days or % of time required:

Rate of Pay:

Benefits (% of salary):

Estimated total costs ($):

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Attachment E

Other Expenses

Travel : Please provide estimates to the best of your knowledge.

Estimated travel costs and related expenses for **legal experts**.

Provide the expected number persons, number of trips, destinations and reasons.

Estimated travel costs and related expenses for **consultants/experts**.

Provide the expected number of persons, number of trips, destinations and reasons.

Estimated travel costs and related expenses for **coordinator**.

Provide the expected number of trips, destinations and reasons.

Estimated travel costs and related expenses for **other staff**.

Provide the staff position, number of trips, destinations and reasons.

Provide estimates on expenses related to bookkeeping:

banking fees:

An allotment will automatically be included in any awards made to be used exclusively for accounting services for the certification of the *Final Statement of Account.*

Collection and Distribution of Information:

Provide a description of the activities and products that will be purchased, prepared and distributed that are required to facilitate your representation (such costs may include typing, printing, photocopying, transcripts, postage or other communication expenses, purchase of maps and/or research reports).

Please include the duplication of presentation materials for participating parties at the hearing in these costs. The number required will be specified by the Clean Environment Commission.

Provide an estimated cost for these activities.

Office supplies and support:

Normal office supplies and overhead are not eligible for funding.

Allowance will be given for limited amounts of supplies (paper, file folders, printer cartridges).

Long distance charges or additional cell minutes above and beyond normal charges will be considered.

Rental of additional large office equipment (printers, scanners, and computers) with accompanying justification may be considered.

Please provide justification for and an estimate of these expenses as necessary.

Other expenses associated with the Applicant's proposed activities (please specify):

This information is being collected under the authority of the *The Environment Act* for the sole purpose of the allocation of Participant Assistance Funding.

Your information is protected by the Protection of Privacy provisions of *The Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, contact Secretary to the Commission, 305-155 Carlton St., Winnipeg R3C 3H8, 945-7091.

10) By signing the Certification Form at the end of the application, the Applicant confirms that the requested funds are designated solely for preparation and participation in the hearing process. If the Certification Form is not signed the funding application will not be considered.

Certification

I/we hereby attest that the information I/we have provided in the attached Participant Assistance Program Application (the Application) and all supporting documentation is true, accurate and complete to the best of my/our knowledge. I/we understand that if any information provided in the Application is false or misleading, the Application may be denied funding under the Participant Assistance Program or may be required to re-pay all or some of the funding received under the Participant Assistance Program.

In the event that a participant funding award is to be made based on the Application, I/we agree that no funding will be payable unless I/we sign the Participant Assistance Funding Agreement. I/we understand than any funding received will be subject to the terms and conditions of the Agreement. I/we acknowledge that a copy of the standard Agreement was made available to me/us before signing this application form.

I/we understand that copies of any oral or written submissions during the environmental hearing process, by me/us can be used for purposes related to the administration of *The Environment Act*, including placement in the Public Registry and posting on agency websites, subject to provisions of *The Freedom of Information and Personal Privacy Act*.

By signing this Certification Form, I/we acknowledge that I/we have read, understood and agree to the Application. I/we declare that I/we are duly authorized to agree to make this application on behalf of the Applicant named in the application.

Signature	Title
Print Name	Date

11) To assist the Participant Assistance Committee in conducting a timely review of applications please indicate when representatives for your organization would generally be available for a Participant Assistance Committee meeting.

	Y	N
During regular office hours 9am-4pm	☐	☐
Late afternoon-early evening 4pm-7pm		☐
☐ Evening 7pm-9pm	☐	☐

Comments:

12) Please send **an electronic copy** of the completed application form and attachments to peter.crocker@cecmanitoba.ca and a **signed original** to:

Manitoba Clean Environment Commission
305-155 Carlton St.
Winnipeg MB R3C 3H8

Your application will not be processed until a signed original is received.