

Participant Assistance Program Application Form



1) Applicant Information

| | | | |
|---|--------------|------------|--------|
| Name of Applicant: | | | |
| Mailing Address: | | City/Town: | |
| Province: | Postal Code: | Telephone: | Cell: |
| | | Fax: | email: |
| Please list all executive members who have been employed with the Manitoba or Federal Government during the past twelve months. | | | |

2) Organization Information

| | |
|--|--|
| How many members are in your organization? | How long has the organization been in operation? |
| What are the objectives of the organization? (Please attach separate sheet if necessary.) | |
| Has the organization appeared and/or requested funding before any public hearings prior to this application? (Attach a separate sheet if necessary.) | |

3) Financial Need

What other sources of funding have you obtained in the past (ie. govt. funding, donations, membership fees)?

Have you requested and/or obtained any funding from any other source(s) which are related to the present funding request? What in-kind services will be provided by your organization or cooperators?

To what extent will your intervention be affected if no assistance is granted?

4) Funding Information

Please attach an 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 typewritten pages.

Please define the nature of your participation in the hearing and the issues which are of concern to you. (Attach an additional sheet if necessary.)

Please describe the financial controls which you will put in place to ensure that the funds, if awarded, are spent for the purposes of the award.

Has your organization contacted other potential interveners 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.

Please complete Attachments A, B and C, where applicable.

Attachment "A"

Budget Information

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

Proposed Budget

| General Disbursements: | \$ Amount |
|---|------------------|
| Typing | |
| Printing | |
| Photocopying | |
| Transcripts | |
| Telephone Expenses (over normal base monthly costs) | |
| Transportation | |
| Accommodation | |
| Meals (out of town only) | |
| Translation | |
| Accounting (audit expense) | |
| Postage/Other communication expense | |
| Parking | |
| Other: (please specify) | |
| | |
| | |
| | |
| Direct Expenses: | |
| Maps | |
| Research reports | |
| Salaries (secretarial/coordination staff) | |
| Total | \$ |

Please include job description(s) and staffing information on a separate sheet and attach it to this application.

Attachment "B"

Legal Fees

\$ _____ per hour for approximately _____ hours.

| | |
|-------------------------|-----------------|
| Sub-Total | \$ _____ |
| Disbursements | \$ _____ |
| Total Legal Fees | \$ _____ |

Attachment "C"

Expert Witness(es)

Name: (Please attach resume.)

Purpose:

\$ _____ per hour for approximately _____ hours.

| | |
|-------------------|-----------------|
| Sub-Total | \$ _____ |
| Disbursements | \$ _____ |
| Total Fees | \$ _____ |