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|  | Northern Association of Community CouncilsNorthern Healthy Foods Initiative 9-395 Berry StreetWinnipeg, MB R3J 1N6Phone: 1-204-947-2227 Ext. 2 Toll Free: 1-888-947-6222 Fax: 204-947-9446 Email: programnhfi@naccmanitoba.com |

# Poultry / Chicken Program – Application 2024

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  |  |  |  |  |  |

Community:

|  |  |  |
| --- | --- | --- |
| Mailing Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City/Town/Village | Province | Postal Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Home/Work Phone: |  | Cell | :  |
| Fax: |  |  Email |  |

|  |  |  |
| --- | --- | --- |
| Cheque Payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

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| --- | --- | --- | --- | --- |
| Are you a Community Food Champion applying on the behalf of your community? (✓) | Yes[ ]  | No [ ]  | If, yes: please indicate how many producers: |  |

* I have reviewed and agree to follow the “Chickens” resources/guidelines (available at: <http://naccmanitoba.com/nhfi/resources/> ) including: **Managing a Small Poultry Flock** and **Poultry Manuals**.
* I agree to submit a “Premises with Poultry application” to the Manitoba Government upon receiving chicks. Email: traceability@gov.mb.ca For more information, contact your local Manitoba Agriculture Office, call Manitoba Government Inquiry at 1-866-626-4862.
* Review and follow safe food handling while butchering/handling/cooking. NACC supports Food Handlers Certificate courses.

Please initial here: \_\_\_\_\_\_\_\_\_\_

## Indicate which program element you are applying for and amount of funding requested (✓)

|  |  |  |
| --- | --- | --- |
| [ ]  Element A | $ | Purchase of chicks and feed  |
| [ ]  Element B | $ | Travel subsidy to pick-up chicks/feed/supplies at nearest hatchery agent or mail-in location ($0.41 / km) KM: X $0.41 =  |
| [ ]  Element C | $ |  Purchase of heat lamp(s), water feeder(s), bedding, chicken wire, chicken coops or other required supplies. |
| TOTAL Amount Requested | $ |    |

Note: Deadline: **March 31st, 2024** to allow time for pre-approval before ordering chicks in **May, 2024.** Applications will be reviewed and the budget per household will be set by NACC based on NHFI funding for the 2024/2025 fiscal year.

## Training and support

Do you have experience in raising chickens? YES [ ]  NO [ ]  # years:\_\_\_\_\_\_\_

Do you have experience butchering chickens?  YES [ ]  NO [ ]

Would any producers like to take a Food Handlers Course (online)? YES [ ]  NO [ ]  If yes, how many: \_\_\_\_

Would you like to be connected to a mentor for training/support? YES [ ]  NO [ ]

Do you know a local experienced mentor that you wish to work with? YES [ ]  NO [ ]

|  |  |  |  |
| --- | --- | --- | --- |
| Mentor Name: |  |  |  |
| Phone: |  |  |  |
|  |  |  |  |

## Element A: Purchase of chicks and feed (Guideline: 50 chicks per producer/household-2024)

|  |  |
| --- | --- |
| Indicate your number of producers (or # of people involved): |  |

|  |  |
| --- | --- |
| Indicate the total number of Meat Bird (only) chicks: |  |

|  |
| --- |
| **Table 1:** Provide information on the poultry production: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Vendor / Hatchery agent** | **Planned Dates of purchase** **(Please indicate date for pick-up)** | **# of items / chicks** | **$ Cost per item / chick** | **$ Total Cost** | **$ Amount requested** **(Guideline: 50 chicks per producer/household)** |
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|  |  |  |  |  |  |
| Total |  |  |  |  |  |

|  |  |
| --- | --- |
| Total funding requested from Element A = Total Table 1 = $: |  |

## Element B: Travel subsidy to pick-up chicks/feed at nearest hatchery agent or mail-in

|  |
| --- |
| **Table 2:** Planned trips for Purchase of Equipment and Supplies: Please itemize each planned expenditure |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Detail of Planned Trips (i.e. Trip to location to pick up chicks, feed, equipment) ie. Return trip to Swan River, MB** | **Kilometers (KM)**  | **Rate: $0.41 / km** | **$ Total Cost (KM X Rate)** | **$ Amount requested**  |
|  |  |  |  |  |
|  |  |  |  |  |

## Element C: Purchase of heat lamp(s), water feeder(s), bedding, chicken wire, chicken coops, chicken tractor/mobile grass feeder or other required supplies.

Do you have a chicken coop(s)? YES [ ]  # of producers with: \_\_\_\_ NO [ ]  # of producers without: \_\_\_\_

Does existing coop(s) require repairs to pest/weather proof? YES [ ]  # in need of repair: \_\_\_\_\_\_ [ ]  NO

|  |
| --- |
| **Table 4:** Please itemize planned purchases: |

|  |  |  |  |
| --- | --- | --- | --- |
| Proposed Project Start Date: |  | Proposed Project End Date: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Details of Planned Purchases** | **Quantity** | **Unit Price** | **Total Cost ($)** | **$ Amount Requested** |
| i.e. heat lamps, chicken wire, materials for coops or mobile grass feeder etc. |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
| Total |  |  |  |  |

|  |  |
| --- | --- |
| **Total funding requested from Element C = Total Table 4 = $:** |  |

## Declaration and signatures

I/We agree that I/we will be responsible for ensuring the technical and structural adequacy and legal requirements of this project.

I/We commit to give back to the community or chicken program with the following actions: (examples: mentorship, helping other producers butcher, volunteer labor for building coops):

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

I/We will observe and abide by all applicable Federal, Provincial and Municipal laws and regulations to the best of my ability.

Please Print Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

PLEASE SIGN AND RETAIN A COPY OF THIS APPLICATION FOR YOUR RECORDS.