



MMF Commercial Fisher Net Program

APPLICATION for MMF Commercial Fisher Net Program

About the Program:

The Manitoba Metis Federation (MMF) is providing fishing nets to Metis Commercial Fishers to reduce operating costs for Commercial Fishers during a challenging time. The MMF Commercial Fisher Net Program will provide 10 nets to each Metis Commercial Fisher who signs up to the program to a maximum of 1000 nets.

Who can Apply:

To apply for the following criteria must be met:

- Must provide a clear copy of your valid 2020/2021 Manitoba Commercial Fishers License.
- Must have fished in either, the 2019/2020 or the 2020/2021 season.
- Applicants must provide a clear copy of your MMF Citizenship Card or letter from MMF Central Registry Office (CRO) confirming an accepted application has been processed and approved for all Metis fishers.
- Commercial Fishers must be **ACTIVE FISHERS** and be located within Manitoba.

Please attach the following to your application and send prior to March 31, 2021:

1. Clear copy of your MMF Citizenship Card or letter from MMF Central Registry Office (CRO) confirming an accepted application has been processed and approved for all Metis owners.

3. Clear copy of your valid Manitoba Commercial Fishers License.

Please note that there is a **non-repayable** financial contribution up to a maximum of **\$10,000** that is available to all Metis commercial fishers through the Louis Riel Capital Corporation. More information can be found here:

<https://www.lrcc.mb.ca/mmf-covid-19-business-support-program>

Please email your fully completed application before with all attachments to:
jenny.ruml@mmf.mb.ca

If you have any questions about the MMF Commercial Net Program, please email **jenny.ruml@mmf.mb.ca** or call us at **204-586-8474 ext. 269**.



MMF Commercial Fisher Net Program

APPLICATION FOR METIS COMERCIAL FISHER NET PROGRAM

To be completed by the Manitoba Metis Commercial Fisher applying on behalf of themselves.

NOTE: If you require more room you may attach additional pages.

Section 1: Applicant Information (to be completed by business applicant)	
1. Full Name of Manitoba Metis applicant:	
First Name:	_____
Initial:	_____
Surname:	_____
2. Address:	

3. Age Category: Please mark the box that applies	
18 to 29	<input type="checkbox"/>
30 to 54	<input type="checkbox"/>
55+	<input type="checkbox"/>
4. Please specify what depth of net and mesh size you require (select 10):	
*DISCLAIMER: Net sizes will be allocated as best as possible, the MMF reserves the right to distribute net sizes based on availability.	
DUE TO SUPPLY: 5 nets will be provided upon approval of application; 5 will follow in the coming weeks.	
<input type="checkbox"/> 3 7/8" by 30md	Number requested: _____
<input type="checkbox"/> 4" by 10md	Number requested: _____
<input type="checkbox"/> 4" by 12md	Number requested: _____

- 4" by 16md Number requested: _____
- 4"by 20md Number requested: _____
- 4" by 30md Number requested: _____
- 4-1/4 by 10md Number requested: _____
- 4-1/4 by 12md Number requested: _____
- 4-1/4 by 16md Number requested: _____
- 4-1/4 by 20md Number requested: _____

5. MMF Citizenship Card Number: _____

6. MMF Region: _____

7. Commercial Fisher License Number: _____

8. Phone Number: _____

9. Email Address: _____

Section 2: Collection use and Disclosure of Personal and Business Information:

By signing this form, I agree to the following:

a) I acknowledge that the MMF will protect personal information and that limited basic information will only be provided to others where contractually or legally required.

b) *That the information provided in this application is true, complete and accurate to the best of my knowledge. I acknowledge that knowingly making a false or fraudulent application shall be considered enough cause for refusal of this application for the MMF Commercial Fisher Net Program. In the event it is verified that you have made false or misleading statements or submitted a fraudulent application, you will be required to make immediate repayment of the total cost of nets provided through this program as well as any legal costs that may have been incurred through the recoupment process.*

Dated at this day of , 20_____.

Name of Applicant:

_____ **(Print Name)** _____ **(Signature)**