

Application for Municipal Capacity Development Program (MCDP) Services

Note: MCDP charges fees for some services. These fees will be determined based on desired outputs and size of working groups.

Applicant Information

Primary Contact Name (Person completing Application on behalf of the group)
Municipality
Mailing Address
Phone
Email

1. Please list all participating municipalities, community organizations, and First Nations involved with your working group.

2. What do you hope to accomplish by working together?

3. Please identify any previous or existing intermunicipal efforts in your area.(i.e. shared services or agreements).

4. Which MCDP Services are you interested in receiving? (Please Check all that Apply.)

- | | |
|--|---|
| <input type="checkbox"/> Facilitate Working Group Structure | <input type="checkbox"/> Develop a Memorandum of Understanding |
| <input type="checkbox"/> Create or expand District Development Appeals Board | <input type="checkbox"/> Community Action Planning/Strategies |
| <input type="checkbox"/> Create or Expand Board of Revisions | <input type="checkbox"/> Asset Mapping training |
| <input type="checkbox"/> Information and guidance on Securing Funding | <input type="checkbox"/> Develop Agreements |
| <input type="checkbox"/> Hiring Shared Resources (I.e. bylaw enforcement, planners) | <input type="checkbox"/> Socio-economic/statistical profiles |
| <input type="checkbox"/> Develop Shared services and infrastructure (I.e. regional landfill, road maintenance, shared equipment, etc.) | <input type="checkbox"/> Request for proposals |
| <input type="checkbox"/> Pursue Regional Studies (i.e. Lakeshore development, regional waste feasibility, etc.) | <input type="checkbox"/> Terms of reference |
| <input type="checkbox"/> Building capacity for Official Community Plan development | <input type="checkbox"/> Communication Plan/Strategies-facilitated/developed |
| <input type="checkbox"/> Customized workshop development and delivery | <input type="checkbox"/> Topic specific research |
| | <input type="checkbox"/> Resources i.e. questionnaires, process development, Guide to Municipal Cooperation/Asset Mapping, etc. |
| | <input type="checkbox"/> Other? _____ |

5. What outcomes do you hope to achieve with MCDP's support?

6. When would you like to have this project completed by?

Signatures of Lead Municipality

Signature of Administrator/Clerk

Date

Signature of Mayor/Reeve

Date

Please submit your complete Application Form and supporting documents to:

MCDP
200 – 2221 Cornwall Street
Regina, SK S4P 2L1
Fax 306.761.0284
Email info@municipalcapacity.ca