



PROSPECTORS ASSISTANCE APPLICATION FORM - REGULAR GRANT

- **Incomplete applications will not be processed.**
- **This application is limited to a maximum combined total of five mineral licences and/or areas of Crown Land.**
- All applications must be submitted via email to: MineralIncentive@gov.nl.ca.
- This application must adhere to the [Prospectors Assistance 2020 Program Guidelines](#), and be completed following the [Prospectors Assistance 2020 Application Form Guide \(Regular Grant\)](#).
- If you are a new applicant, had a change of address, or have not received a grant within the last five years, please complete the [Supplier Setup & Maintenance Form](#) and submit to the Financial Systems Control Division.

SECTION A: PERSONAL INFORMATION	
Name of Prospector:	Birth Date:
Address:	E-mail:
City/Town:	Phone Number:
Postal Code:	Supplier Number:

SECTION B: PROSPECTING EXPERIENCE AND TRAINING
<p>How many years of prospecting experience do you have?</p> <p>0 - 1 years _____ 6 - 9 years _____</p> <p>2 - 5 years _____ 10+ years _____</p>
<p>Have you completed the Prospectors Training Course?</p> <p>YES _____ NO _____</p> <p>If YES, what year? _____</p>
<p>Have you previously received a Prospectors Assistance Grant through the Mineral Incentive Program?</p> <p>YES _____ NO _____</p> <p>If YES, list the most recent year in the space provided. _____</p>
<p>Have you previously worked in the mining industry?</p> <p>YES _____ NO _____</p> <p>If YES, list the number of years and company name(s).</p> <p>YEAR(S): _____ COMPANY(S): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

SECTION C: EXPLORATION APPROVAL

Does your exploration proposal include work on a mineral licence(s)?

YES _____

NO _____

If YES, complete this section

If NO, proceed to Section E

Have you requested Exploration Approval from the Mineral Lands Division?

If YES, list all applicable information in the table below.

If NO, submit an [Application for Exploration Approval](#) to the Mineral Lands Division.

Mineral Licence Number(s)	Exploration Approval Number	Expiry Date

Note: Exploration completed on a mineral licence(s) and without approval is in contravention of Subsection 5(5) of the Mineral Act, and is considered offence, and will NOT be funded.

SECTION D: PROPERTY OWNERSHIP AGREEMENT

Are all Mineral Licence(s) registered directly in your name?

YES _____

NO _____

If YES, proceed to Section E

If NO, complete this section

Do you have a Property Ownership Agreement(s) registered with the Mineral Lands Division?

If YES, list all applicable information in the table below.

If NO, submit a [Property Ownership Agreement](#) to the Mineral Lands Division.

Mineral Licence Number(s)	Licence Holder	Date of Registration

SECTION E: EXPLORATION PROPOSAL

Proposed Dates

What is the anticipated time frame for your exploration program?

Start Date: _____ End Date: _____

Total Number of Prospecting Days: _____

Exploration Work Plan

A detailed work plan must be submitted at the time of application and for each prospecting area. The following link provides an example of an acceptable work plan format: [Sample Exploration Work Plan - Regular Grant](#).

Location

Location map(s) outlining the proposed grids and/or sampling plan **MUST** be submitted for each prospecting area. As an option, maps can be created using Google Earth Pro, QGIS, MapInfo, etc.

Mineral Licence Table

Mineral Licence Number(s)	NTS Map Sheets	Property Name	Commodity(s)

Crown Land Table

Prospecting Area(s)	NTS Map Sheet(s)	Commodity(s)

Are location map(s) included with the application: **Yes** _____ **No** _____

Sampling & Analysis

Which laboratory will you be using for sample analysis? _____

If you are requesting the use of a non-local laboratory, provide rationale below.

List the approximate number of samples to be collected during your exploration program:

Rock	Soil	Stream	Till	Lake Sed	Panning	Total # of Samples

SECTION E: EXPLORATION PROPOSAL (cont'd)

If you would like to request other analysis (i.e., whole rock, REE, etc.) in addition to the required trace element (30+ elements) and gold analysis, provide details below. Details must include the type of analysis to be completed, the laboratory to be used, and rationale for the analysis.

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Geophysical Survey(s)

Will you be conducting a Geophysical Survey during your prospecting program?

If YES, list all applicable information in the table below.

If NO, proceed to Section F

Type	Line Kilometres

SECTION F: BUDGET INFORMATION

Please refer to Section F of the Prospectors Assistance 2020 Application Form Guide (Regular Grant) when completing this section.

<i>PROPOSED BUDGET</i>	<i>AMOUNT</i>
Sampling & Analysis	
Meals	
Supplies	
Fuel	
Rentals	
Accommodations	
Specified Help	
Mineral Resources Review (MRR) Conference	
Professional Geoscientist	
Air Support	
Travel Allowance	
TOTAL	

SECTION G: CHECKLIST

Please confirm you have included all the required information and associated documentation for this application.

Sections	Required Documents	Completed	
		YES	N/A
Section A: Personal Information	Personal Information		
	Supplier Number		
Section B: Prospecting Experience and Training	Questionnaire		
Section C: Exploration Approval	Table		
Section D: Property Ownership Agreement	Table		
Section E: Exploration Proposal	Prospecting Dates		
	Exploration Work Plan		
	Location Map(s)		
	Mineral Licence Table		
	Crown Land Table		
	Laboratory		
	Sampling Table		
Geophysical Survey(s)			
Section F: Budget Information	Proposed Budget		
Section H: Acknowledgements and Signatures	Application Signature		

SECTION H: ACKNOWLEDGEMENTS AND SIGNATURES

Do you give permission to the Mineral Incentive Program so that your email address can be shared with other Department of Industry, Energy and Technology groups for communication and information purposes only?

YES _____ NO _____

I, _____, hereby apply for a grant under the Mineral Incentive Program, Prospectors Assistance and declare that I have read and understand the Prospectors Assistance 2020 Program Guidelines.

Signature

Date

Under the authority of the Access to Information and Protection of Privacy Act, 2015 (ATIPPA, 2015), personal information is collected in order to process, manage and issue the programs or services of the Department of @ _____ u _____ h _____
 * TIPPA, 2015 _____ u@h _____ If you have questions pertaining to the collection, use and/or _____ information please contact the ATIPP Coordinator at 729-0463.