

**ECONOMIC DEVELOPMENT READINESS PROGRAM
APPLICATION FORM**

Prgra Applcation

### *Prior to completing the application form, please contact ICET staff to validate the project concept.*

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| --- | --- |
| Date of contact with ICET staff: |  |
| Concept Validated By: |  |

# Project Title *(Please provide a short concise title that captures the essence of the project)*

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# APPLICANT INFORMATION

## Applicant Information

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| --- | --- |
| **Organization Name:** |  |
| **Street Address or PO Box:** |  |
| **City/Town/Village:** |  | **Postal Code:** |  |
| **Email:** |  |
| **Website:** |  |
| **Incorporation/Business/Society Number** |  |

## Designated Officer (Signing Authority)\*

|  |  |
| --- | --- |
| **Officer’s Name &** **Title:** |  |
| **Street Address or PO Box:** |  |
| **City/town/Village:** |  |
| **Phone:** |  |
| **Email:** |  |

## Primary Contact\*

|  |  |
| --- | --- |
| **Name & Title:** |  |
| **Street Address or PO Box:** |  |
| **City/Town/Village:** |  | **Postal Code:** |  |
| **Phone:** |  |
| **Email:** |  |

**\*Contact names cannot be consultants**

# PROJECT INFORMATION

## PROJECT DESCRIPTION and activities

Project Rationale

*Briefly describe the issue or opportunity your project addresses and how need was assessed.*

Project Description

*Describe what specific tasks and activities you will undertake to support economic development readiness or investment attraction in your community/region/industry.*

### Project Deliverables

*Detail the lasting tools which will be developed (deliverables and or measurable outcomes).*

## Investment/sector area

Please select the appropriate funding focus area for your project.

[ ] Economic Development Strategy

[ ]  Quick Start Implementation

[ ]  Sectoral Planning

[ ]  Tech Attraction/Connectivity Strategy

[ ]  Investment Attraction Tools

[ ]  Regional Marketing and Collaboration

## CONSISTENCY WITH ECONOMIC Development STRATEGIES OR PRIORITIES

*Describe how your project will help achieve your community/regional/industry economic priorities.*

## DEMONSTRATED NEED FOR FUNDING

Explain why your organization has not been able to accomplish the proposed activities with existing resources and budgets and how the project does not duplicate any existing services or initiatives.

## PROJECT TIMELINES

**Project Start Date:**

**Project Completion Date:**

### Implementation Plan

*Provide a summary timeline which specifies when key activities will be completed.*

## project benefits

*Please address how the project will provide local or regional economic benefits?*

## Performance Measurement

*Describe how you intend to measure success in achieving project benefits. Identify indicators that will be used to measure the success of your project.*

## COMMUNITY consulTation AND SUPPORT

Document community support for the project and describe how the community or other relevant partners will be included in the process.

## ORGANIZATION CAPACITY

*Provide a brief summary of how the project will be managed, your experience with similar projects and your financial capacity to manage cashflow requirements.*

## PROJECT SUSTAINABILITY

*Please address how the project outcomes will be sustained after completion and over the long term.*

## FUNDING AND BUDGET

*Please download and complete the Funding and Budget Excel worksheet.*

# Supporting Documentation

[ ]  Completed Funding and Budget Worksheet

[ ]  Organization’s latest financial statement (audited if available)

[ ]  Organization’s annual report

[ ]  Organizations economic development strategy

[ ]  Formal letter(s) of support (recommended)

[ ]  Supplementary Information

# SUBMISSION

Application Form and all supporting documents should be submitted electronically, by email to info@islandcoastaltrust.ca.

# AUTHORIZATION

I/we certify that the information provided in this Application Form is to the best of my/our knowledge, complete, true and accurate and the proposal including plans and budgets is fairly presented.

I/we authorize the Island Coastal Economic Trust to make any enquiries of persons, firms, corporations, federal and provincial government agencies/departments and non-profit organizations operating in our organization’s field of activities, to collect and share information with them, as Island Coastal Economic Trust deems necessary, in order to reach a decision on this application, to administer and monitor the implementation of the project and to evaluate results after project completion.

I/we agree that the information provided in this application form will be shared with Island Coastal Economic Trust Board of Directors, staff and consultants.

I understand that the information in this application may be accessible under the Freedom of Information and Protection of Privacy Act (FOIPPA).

I/we also understand that all Trust correspondence, relative to our Application, must be kept confidential and that any breach whatsoever of confidentiality will immediately result in the annulment of the Application.

I/we also understand that ICET will not be responsible for any costs incurred in the preparation of this application, or any subsequent application for funding from the Trust, and this application is being prepared entirely at my/our own risk and cost.

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| --- | --- |
| Signature of Authorized Representative(s): |  |
| Printed Name(s): |  |
| Title(s): |  |
| Date: |  |

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