

Application Regional Development Fund

For Office Use Only

Regional Development Program

Community Capacity Building

Partnership

Applicant Information				
Name of Applicant/ Organization	Phone			
Mailing Address	Fax			
	Email			
	Contact Person			
	Title of Contact Person			
	CRA Business Number			

Project Information					
Project Name					
Industry/Sector					
Application Date	Location of Activity				
Project Start Date	Total Project Cost				
Project End Date	Amount Requested				
Brief Description of Project (Please attach proposal and budget.)					

Privacy and Confidentiality Notice

Information is being collected under the authority of section 61(c) of the Access to Information and Protection of Privacy Act, 2015. We will only use the personal information collected by or provided to the Department for purposes directly related to the application and for statistical analysis and reporting under the Regional Deelopment Program, the Community Capacity Building program and/or Partnership Program. Information you provide us in confidence, both personal and business-related, will be kept confidential unless

• or we are required or authorized by laws such as the Access to Information and Protection of Privacy (ATIPP) Act, 2015 to release it.

If you have questions regarding privacy and confidentiality, contact the Access and Privacy Coordinator, Department of Industry, Energy and Technology, phone (709) 729-7751 or email ATIPP-IET@gov.nl.ca

[•] you approve its release,

Applicant's Declaration

To the Department of Industry, Energy and Technology (IET)

a) I confirm that the information given in this application is to the best of my knowledge and ability, complete, true and correct.

b) I certify that financial assistance from IET is a significant factor in the decision to proceed with this project.

c) I certify that neither the applicant nor its officers are involved in any litigation, or in any proceedings before any government board, agency or tribunal having a material effect on the applicant or the project investment which have not been disclosed in writing as an attachment to this application.

d) I will provide all information required by IET to complete the assessment of this project and I authorize IET to make any inquiries of such persons, firms, corporations or other government agencies as it deems necessary in order to reach a decision on this application.

e) I will instruct the funding agencies as indicated above to provide IET with full information concerning my (the applicant's) operating and financial position. I further authorize IET to discuss fully my (the applicant's) affairs with the relevant agencies.

f) I authorize IET to consult with Government Department & Agencies & concerned parties (including elected officials, Industry Associations, and other potential contributors regarding this application).

g) I confirm that the application is from a not for profit organization.

Title

Print Name of Authorized Signing Officer

Date:		/	/	
	DD	MM	_	YY

Information to be Provided in Support of your Application

An assessment of your project will not commence until the proposal and all required documentation are received to the satisfaction of the Department.

	Contact Information					
Region	Address	Phone Number	Fax Number			
Provincial Office	Email <u>IET@gov.nl.ca</u> Departmental Website <u>https://www.gov.nl.ca/iet/funding/</u>	(709) 729 6123				
Avalon	50 Elizabeth Avenue PO Box 8700 St. John's NL. A1B 4J6	(709) 729 6123				
Central	Second Floor, Fraser Mall, 230 Airport Boulevard, P.O. Box 2222 Gander NL. A1V 2N9	(709) 256 1480	(709) 256-1490			
Eastern	221B Memorial Drive Clarenville, NL A5A 1R3	(709) 466 4170	(709) 466-1306			
Labrador	438-440 Hamilton River Road P.O. Box 3014, Station B Happy Valley-Goose Bay Labrador NL. AOP 1EO	(709) 896 2400	(709) 896-0234			
Western	Sir Richard Squires Building 84 Mount Bernard Avenue P. O. Box 2006 Corner Brook, NL. A2H 6J8	(709) 637 2628	(709) 639-7713			