

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 <i>(Please attach proposal and budget.)</i> | | | |
| | | | |

| Privacy and Confidentiality Notice |
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| <p>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 Development 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</p> <ul style="list-style-type: none"> • you approve its release, • or we are required or authorized by laws such as the Access to Information and Protection of Privacy (ATIPP) Act, 2015 to release it. <p>If you have questions regarding privacy and confidentiality, contact the Access and Privacy Coordinator, Department of Jobs, Growth and Rural Development by email ATIPP-JGRD@gov.nl.ca</p> |

Applicant's Declaration

To the Department of Jobs, Growth and Rural Development (JGRD)

- 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 JGRD 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 JGRD to complete the assessment of this project and I authorize JGRD 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 JGRD with full information concerning my (the applicant's) operating and financial position. I further authorize JGRD to discuss fully my (the applicant's) affairs with the relevant agencies.
- f) I authorize JGRD 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.

Signature of Authorized Signing Officer

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 businessnavigatornl@gov.nl.ca Departmental Website https://www.gov.nl.ca/jgrd | (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 Clareville, 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 |