

RECEIVED BY: _____ DATE: _____



Skills Development Program Application Form

LEGAL NAME OF APPLICANT	
OPERATING NAME	
ADDRESS	
CONTACT PERSON	___ Mr. ___ Mrs. ___ Ms.
TELEPHONE NUMBER	
FACSIMILE NUMBER	
E-MAIL ADDRESS	
TYPE OF BUSINESS	___ Incorporated ___ Proprietorship ___ Partnership ___ Co-operative ___ Non-Profit ___ Other (explain) _____
Business Registration Number	
NUMBER OF PAID EMPLOYEES	___ Full-time ___ Part-time ___ Contract
EMPLOYEES REQUIRING TRAINING	TOTAL # _____
NEW EMPLOYEES REQUIRING TRAINING	# _____

Should you require more space for your submission than that provided within this application form, you may submit your own document accompanied by our completed signature page from this application form. To ensure that your application is complete, please include all the required information from the original application form (including headings and sequence). All information provided will be kept confidential. For more details on the privacy policy please refer to www.kawarthasmallbusiness.com or www.privcom.gc.ca

Has your organization previously applied to any Community Futures' Eastern Ontario funding program? _____

If so, where? _____

Do you intend to make an application to any other CFDC in relation to this project? _____

If yes, please identify the CFDC(s) you will be applying to:

EODP projects are contingent upon receipt of funding from Industry Canada/FedNor.

1. Please provide a brief background on the nature of your business, core product and/or service: *Please indicate all areas served, as well as all existing office locations of the organization.*

2. Briefly describe your overall business plan for the next 6-12 months (short term) and over the next 36 months (medium term) and list your business objectives:

Short Term:

Long Term:

3. Describe the training and how this training will strengthen your organization

Training will be provided: In-house Outsourced Combination of both

(In-house training is conducted by internal employees; Outsourced training is conducted on-site, off-site or on-line by a training institution or consultant)

Outsourced: please provide the name and location of the organization(s):

Have you received quotes from any other training providers? Yes No.

In-house:

- Use hourly rate of employee (trainer) as cost (plus benefits to a maximum of 20%)
- Number of estimated hours/days/months per employee
- Estimated cost per employee x number of employees = Total training cost

Total Cost

If training materials will be required in order to facilitate the in-house training, please give a description and cost.

A reasonable amount for training materials relevant to the specific training will be considered (manuals, workbooks, etc.). Add these costs to the total training cost figure.

New Total

Applicants may claim 90% of the approved Kawartha Lakes CFDC contribution upon completion of the project. The final 10% of the approved Kawartha Lakes CFDC contribution will be released upon submission of the required final report. Applicants are required to maintain proper books and records of the costs of the project, including invoices and cancelled cheques, and to provide Kawartha Lakes CFDC auditors with access to these records when requested.

Kawartha Lakes CFDC will pay up to 50% of the approved eligible costs of the project up to a maximum Kawartha Lakes CFDC contribution of \$25,000 to any secondary recipient during the agreement period. A maximum contribution of \$5,000 per employee applies.

If applicants arrange for bridge financing of their Kawartha Lakes CFDC contribution with a bank or other financial institution, Kawartha Lakes CFDC will accept a direction to pay the proceeds of a Kawartha Lakes CFDC contribution jointly to an applicant and the financial institution providing the bridge financing.

If advance payments are required, please provide justification through your financial statements and any interim statements.

Please return completed Application Form to:

Eastern Ontario Development Program Committee
Kawartha Lakes Community Futures Development Corporation
189 Kent St. W., Suite 211,
Lindsay, Ontario K9V 5G6

Skills Development applications are due by 12:00 p.m. on Friday February 12, 2010.

All EODP projects are contingent upon receipt of funding from Government of Canada/FedDev Ontario.

Any application not signed by proper authority of the corporation cannot be processed. The undersigned certifies that all information provided to Kawartha Lakes CFDC in support of this request for funding is true and complete, and undertakes to provide any further information that may be required for Kawartha Lakes CFDC to render a decision, in a timely manner. The undersigned also herewith provides consent for Kawartha Lakes CFDC to make sufficient credit and other enquiries that may be necessary in the evaluation of this request for funding.

Authorized by: (Print name of Binding Signatory)	
Signature of Binding Signatory	
Date	
Witness (can include co-worker, supervisor, etc.)	