

FORESTRY AFFECTED BUSINESS (FAB) CONSULTING REBATE

APPLICATION FORM

Adobe Reader 8.0+ is required to complete this application form.

If you are using an earlier version, you will not be able to save any information you enter into the form.

Adobe Reader is a free download available at: <http://www.adobe.com/products/acrobat/readstep2.html>

Date Received (office use only): _____

Project Number (office use only): _____

1. Project Name

Provide the name for this project:

2. Business Profile

Business name (legal name):	Business incorporation date (if applicable), or years in business:
Business address (street, city, postal code):	Mailing address (if different):
Telephone:	Email:
Is this a First Nations or Aboriginal business? Yes No	Website (URL):

3. Primary Business Contact Information

Primary contact (for this application):	Position/title:
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4. Industry Information

Industry (strategic sector):	Main products/services:
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5. Project Classification

Identify the project's strategic focus:	
<ul style="list-style-type: none"> Business planning and management <ul style="list-style-type: none"> Financial planning/analysis Business feasibility Business coaching Business transition Market development <ul style="list-style-type: none"> Marketing strategy Sales and distribution Human resource management <ul style="list-style-type: none"> Policies and procedures Human resource development Strategy <ul style="list-style-type: none"> Strategy development 	<ul style="list-style-type: none"> Operations <ul style="list-style-type: none"> Inventory management Sales/distribution Operational efficiency <ul style="list-style-type: none"> Productivity improvement Operational efficiency implementation Health and safety/COR Quality management <ul style="list-style-type: none"> ISO quality management Environmental quality management Other _____

6. Project Overview and Rationale

★ *Northern Development project investments are expected to provide incremental benefit to the business and contribute to economic growth of the Northern Region. To ensure a positive contribution, please outline how this project will provide direct benefit to the business and identify which measurable key outcomes you anticipate improving.*

<p>Provide details on the impacts mill closures and curtailments have had on the business:</p>
<p>Provide a concise description of the project:</p>
<p>Explain key deliverables (i.e. business plan, system implementation, certification etc.) for the project:</p>

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7. Economic Benefits

★ The following key outcomes will be reported on by the applicant organization for a two year (2) year period to demonstrate the direct economic benefits of the project.

Employment

Nature of positions:	Number of existing positions:	Estimated number of new positions to be created:		
		Year 1	Year 2	Total New
Direct permanent full-time jobs:				
Direct permanent part-time or seasonal jobs:				
How does the proposed funding help to sustain the existing positions (if no new positions are to be created)?				

Increased Revenue Generation

Current annual revenues:	Projected annual revenues		Describe how the revenue will be generated and the sources of revenue:
	Year 1	Year 2	
\$	\$	\$	
INCREASED REVENUE EXPECTED OVER TWO YEARS:	\$		
<i>Incremental revenue expected is the sum of the projected annual revenues for the two years after the project, minus the current annual revenues over the same two year period.</i>			

Operational Cost Savings

Current costs:	Projected costs		Describe how the operational cost savings will be generated:
	Year 1	Year 2	
\$	\$	\$	
COST SAVINGS EXPECTED OVER TWO YEARS:	\$		
<i>Cost savings expected is the sum of the projected costs for the two years after the project, minus the current costs over the same two year period.</i>			

Other Benefits

Please identify other benefits or potential outcomes as a result of this project:

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8. Consultant Information

Proposed start date:	Proposed completion date:
Consultant name/consultant company name:	Telephone/email:

9. Proposed Budget and Approved Funding

✦ Please refer to the *Forestry Affected Business (FAB) Consulting Rebate Application Guide* for eligible and ineligible costs.

Proposed contract amount (per consultant proposal):	
✦ Taxes are an ineligible expense. Enter the amount before taxes below.	
Consulting	
Travel	
Other	✦ Please identify:
Total Project Budget	

10. Funding Partners (if applicable)

Funding partner:	Amount (\$):	Percentage of project:
	\$	%
	\$	%
TOTAL OTHER FUNDING:	\$	%

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11. Attachments

✦ Please list all documents attached to this application.

Document name:
1) Required: A detailed quote outlining the proposed scope of work, fees, and timeline from a qualified consultant.
2) Required (if applicable): If not incorporated, proof of years in business and revenue.
3)
4)
5)
6)

12. Application Confirmation

I have read and understand the Forestry Affected Business (FAB) Consulting Rebate Application Guide including the eligible and ineligible costs.

I confirm that the information in this application is accurate and complete, and that the project proposal, including plans and budgets, is fairly presented.

I agree that once funding is approved, any change to the project proposal will require prior approval of Northern Development Initiative Trust (Northern Development)

I also agree to provide copies of any project deliverables (studies, reports, action plans etc.) as required by Northern Development, and where required, financial accounting for evaluation of the activity funded by Northern Development.

I understand that the information provided in this application may be accessible under the Freedom of Information (FOI) Act. Northern Development will only report project information to the Board and/or to the public in aggregate form and will not disclose any confidential client information without permission or unless required by law.

I agree to publicly acknowledge funding and assistance by Northern Development.

I agree to submit reporting materials as required by Northern Development, and where required, financial accounting for evaluation of the activity funded by Northern Development.

I authorize Northern Development to make enquiries, collect and share information with such persons, firms, corporations, federal and provincial government agencies/departments and non-profit organizations, as Northern Development deems necessary for decision, administration, and monitoring purposes for this project.

Name (business owner): ✦ Please type name.	Position/title:	Date:

13. Submitting Your Application

Completed funding applications (with all required attachments) should be provided electronically to Northern Development by email. ✦ Please do not scan this form.

Email: info@northerndevlopment.bc.ca