

Category A – Business Development Project Description Sheet

1 Provide your personal information

Last name: _____ First name: _____

Address: _____

Postal code: _____ Farm Registration #: _____

Phone number: _____ Email: _____

2 Project title (one project description sheet is required for each project under Category A)

Check the description that applies to your project:

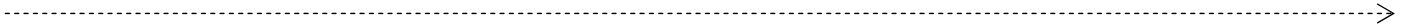
- Business Plan Specify the focus of the plan: _____
- Succession Plan Development
- Succession Plan Implementation
- Financial Assessment
- Marketing Study
- Feasibility Study
- Opportunity Assessment and Planning
- New Product Development Marketing
- Training – Business Owner
- Training - Employees

3 Complete Section 3 only if applying for: Business Plan Development or Opportunity Assessment and Evaluation

Provide a brief description of your project:

Describe briefly how your project relates to your business:

Highlight the impact your project is expected to have on your farm/business/organization:



4 Complete Section 4 only if applying for: Business Owner Training
Check the goal(s) related to the Learning Activity to gain knowledge or skills to:

- Improve farm profitability
- Improve the safety and quality of farm food production
- Enhance environmentally-responsible production
- Take advantage of new market opportunities resulting from recent scientific research
- Other: _____

Describe learning activity: (course, workshop etc.)

Rationale: (link to goal(s) above)

Who is the training provider and where are they located (college, university, company, individual etc.)?

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5 Project Costs

Itemize Project Activities	Activity Cost
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
Total Project Cost:	

Project Start Date: _____

Project Completion Date: _____

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6 Return the form to

Nova Scotia Department of Agriculture
Business Development and Economics
PO Box 550
Truro, NS B2N 5E3

Fax: 902-895-9403
Email: bme@gov.ns.ca

Questions? Call 902-893-6580

For Staff Use Only

Authorized signature: _____

Date: _____

Assigned to: _____