



Economic Development
Community and Rural Development

Nova Scotia Business Development Program
(Fiscal 2008-09)

Program Application

Contact (Name)	_____
Business Name	_____
Mailing Address	_____
Postal Code	_____
Telephone	_____
Fax	_____
Email	_____
Type of Business	_____
Registry of Joint Stocks #	_____

Group Submission (a minimum of 3 businesses to make up a group):

Is this application part of a group submission? YES _____ NO _____

If yes, list names of others in group. (All submissions for the group must be submitted at the same time)

Objective: Group or individual submissions please state clearly the overall objective of the project for which you are requesting funding.

Impact:

A) *Group submissions* - Indicate the benefits of a group submission relative to the anticipated impact of the project on the individual businesses.
B) *Individual business* - Indicate the benefit of the anticipated impact of the project on your business.

Project Description:

Outline below the nature and scope of the project to be undertaken including the expected impact it will have on your business and the time frame for completion. **Detailed terms of reference for the project or a completed project proposal must be attached.**

Consultant/Cost:

Identify the consultant(s) you propose to retain for the project. Attach resumes.

Name _____

Address _____

Telephone _____

Project Costs \$ _____

REQUESTED REBATE:

- Existing single businesses and start-ups - 50% of approved project costs to a maximum of \$10,000.00
- Group of businesses - 75% of approved project costs to a maximum of \$12,000.00 per business

Certification:

The information contained in this application (and attachments) accurately describes the work to be undertaken.

Date _____

NAME (print) _____

SIGNATURE _____

Owner (if other please specify below)

POSITION _____

**For Office Use Only
Nova Scotia Economic Development**

Community and Rural Development Officer Checklist:

The following check list must be completed by the Development Officer or Regional Manager prior to forwarding the application to head office for approval. Indicate compliance with a check mark.

- Business is eligible
- Work on the project has not begun
- If group rate is being claimed, other applications are included
- Application is signed and dated
- Business is registered with Registry of Joint Stocks

Business Development Approval:

The project herein described is approved for a BUSINESS DEVELOPMENT PROGRAM REBATE in the amount of \$_____.

To qualify for the payment, the project must be completed by _____.

DATE _____ SIGNATURE _____
Development Officer
(Submit)

DATE _____ SIGNATURE _____
Regional Manager
(Recommend)

DATE _____ SIGNATURE _____
Director
(Approve)