



Eastern Ontario Development Program – Community Innovation (CI) Initiative
2014-2019 Application Form

Thank you for your interest in the Eastern Ontario Development Program (EODP) Community Innovation Initiative. EODP promotes economic development in rural Eastern Ontario leading to a diversified and competitive rural Eastern Ontario economy. It seeks out projects that can provide for economic stability, and growth, with a focus on sustainable job creation; and contributing to the successful development of businesses that contribute to prosperous communities.

We strongly encourage all potential Applicants to read the Community Innovation (CI) Initiative Application Guidelines before completing this Application and/or visit the Kawartha Lakes Community Futures Development Corporation (KLCFDC) website at www.klcfdc.com or to contact our EODP Programs Officer at (705) 328-0261 ext. 27 or by email at eodp@klcfdc.com.

Completed Application Form and Attachments can be submitted in person or by mail to:

Eastern Ontario Development Program Committee
Kawartha Lakes Community Futures Development Corporation
189 Kent Street West, Suite 211
Lindsay, Ontario K9V 5G6

Application Process:

- Application Deadlines for the CI Initiative are as follows:
 - **February 22, 2018 at NOON**
- Applications will be accepted until the funds are fully committed, with Application Review and Funding Disbursement Schedules completed according to the listed Application Deadlines.

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

When completing this Application Form, you are NOT limited to the space provided. Additional documentation may be attached and submitted along with the completed Application Form. To ensure that your Application is complete, please include all the required information (i.e., headings) from the original Application Form.

The Kawartha Lakes Community Futures Development Corporation (KLCFDC) may request additional information or clarification of the data provided. All information exclusive to the applicant will be kept confidential. Projects details, including applications, are accessible by request – if the project receives financial support from EODP.

LEGAL NAME OF APPLICANT				
OPERATING NAME (IF DIFFERENT)				
ADDRESS (MAILING & STREET IF DIFFERENT)				
BUSINESS NUMBER				
NAICS CODE (North American Industry Classification System)				
CHARITABLE/NON-PROFIT ORGANIZATION REGISTRATION NUMBER				
FORM OF BUSINESS/ORGANIZATION Check (✓) appropriate classification or complete "Other"	<input type="checkbox"/>	Sole Proprietor	<input type="checkbox"/>	Incorporation
	<input type="checkbox"/>	Municipal Government	<input type="checkbox"/>	Not-For-Profit
	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Other (Specify):
	<input type="checkbox"/>	Aboriginal Organization		
CLASSIFICATION OF BUSINESS/ORGANIZATION Check (✓) appropriate classification or complete "Other"	<input type="checkbox"/>	Agriculture/Food	<input type="checkbox"/>	Retail
	<input type="checkbox"/>	Construction	<input type="checkbox"/>	Technology
	<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Tourism/Hospitality
	<input type="checkbox"/>	Service	<input type="checkbox"/>	Other (Specify):
LENGTH OF TIME IN OPERATION	Years: ___ Months: ___			
CURRENT NUMBER OF EMPLOYEES	Full-Time: ___ Part-Time: ___ Seasonal: ___			
ANNUAL SALES VOLUME (ESTIMATED)				
OFFICIAL LANGUAGES In what official language(s) will your project's services be offered? Check (✓) appropriate selection or complete "Other"	English: ___ French: ___ Other (Specify): _____			
PROJECT CONTACT(S) (Must be responsible for the contents of the Application)	___ Mr. ___ Mrs. ___ Ms.			
	Contact Name:		Title:	
	___ Mr. ___ Mrs. ___ Ms.			
	Contact Name:		Title:	
TELEPHONE NUMBER		FAX		
E-MAIL ADDRESS				

WEBSITE ADDRESS (if available)		
FIRST TIME KLCFDC/EODP APPLICANT	___ Yes ___ No	
PAST EODP RECIPIENTS INDICATE TOTAL AMOUNT RECEIVED AND INITIATIVE(S) SUPPORTED (i.e., Business Planning; Skills Development)	\$	
PROJECT TITLE		
PROJECT LOCATION		
PROJECT START & END DATE (YYYY/MM/DD)	Start Date: _____ End Date: _____ Length: _____ (months)	
TYPE OF ACTIVITY Check (√) appropriate classification or complete "Other" Note: One Activity is permitted per Application	Business Development	Labour Market Development
	Business Planning	Marketing & Tourism Development
	Innovation & ICT	Skills Development
	Research & Development	Other (Specify):
<p>Please Note: Funding Contributions for Private Sector For-Profit Applicants and Not-For-Profit Applicants are:</p> <ul style="list-style-type: none"> • Non-repayable; • For-Profit Applicants: Up to a maximum of 50% of total eligible project costs; • Not-For Profit Applicants: Up to a maximum of 50% of total eligible project costs; 		
EODP AMOUNT REQUESTED	\$	

BUSINESS/ORGANIZATION DESCRIPTION

Please provide a brief description of the business/organization including:

- | | | |
|---|--|--|
| 1. Mission statement | 2. Primary activities | 3. Core services and products |
| 4. Organizational history (i.e., Changes in ownership; strategic direction) | 5. Strategic plan for the organization | 6. Corporate Profile (i.e., Office locations). |

PROJECT DESCRIPTION

Please provide a summary description of your project including:

1. Project purpose and outcomes;
2. Community support (i.e., Partnerships and shared responsibilities), and;
3. Explain how Innovation plays a role in this Project (i.e., Technological Enhancement; New Business Initiative).

PROJECT GOALS AND OBJECTIVES

Describe how your project activities and objectives will help you reach your over all goals.

Special consideration will be given to projects that focus on initiatives which stimulate business development, create jobs; support community innovation; increase opportunities for skills development; and enhance innovation and ICT.

ECONOMIC BENEFITS AND EXPECTED IMPACT

Describe how the project might benefit the local and/or regional economy including but not limited to:

1. Sustainable job creation (i.e., number of jobs created) and additional businesses supported;
2. Number of employees receiving work related training, training location and provider;
3. Enhanced business competitiveness (i.e., Businesses created and/or expanded, markets developed);
4. Estimated increase in sales volume/productivity as an outcome of activities;
5. Anticipated deliverables/impact of the deliverables through this project.

PROJECT WORK PLAN		
Provide details of the activities to be undertaken, techniques involved, and the goals and timeframe for each activity. Receipt of funding in full is contingent upon project deliverables being met successfully and according to the time frame provided.		
PROJECT ACTIVITY	TIME FRAME YY/MM/DD to YY/MM/DD	OUTCOME Identify measureable results and methods by which results measured

COMMUNITY INNOVATION PROJECTIONS	Apr 2018- Dec 2018 (end of funding period)	TOTAL
# of Businesses Impacted (Created and/or Maintained)		
# of Jobs Impacted (Created and/or Maintained)		
# of Training Sessions to be held		
# of People to be trained		
Estimated Growth – additional jobs created		
Estimated Growth – additional markets accessed		
Estimated Growth – additional sales estimate		

ELIGIBLE COSTS	DESCRIPTION OF COST	FISCAL YEAR Apr 2018- Dec 2018 (end of funding period)	TOTAL (All Fiscal Years)
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

CASH FLOW FORECAST										
Provide a monthly cash flow projection for your project										
Please remember that all projects must be totally funded and complete by December 31st, 2018										
	MONTH COST INCURRED									
PROJECT ITEM	APR '18	MAY '18	JUN '18	JUL '18	AUG '18	SEP '18	OCT '18	NOV '18	DEC '18	TOTAL
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$0.00
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$0.00
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$0.00
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$0.00
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$0.00
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$0.00
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$0.00
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$0.00
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$0.00
COST PER MONTH	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$0.00
TOTAL PROJECT COST										\$0.00

OTHER FUNDING SOURCES
Please list all cash contributions from other funding sources including business/organization and partners.

Failure to demonstrate that 50% of the total dollar project value comes from sources other than the Eastern Ontario Development Program and not from a cash source will deem the application ineligible.

SOURCE	DESCRIPTION	CASH (Minimum 50% of project required)	LETTER OF SUPPORT INCLUDED
		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
TOTAL		\$	

Please ensure that all other federal, provincial or municipal assistance to the project has been listed in the above chart. KLCFDC reserves the right to contact other government agencies funding the project as may be required.

Please be aware that while in-kind contributions are welcome and valued, they cannot be a part of your matched funding.

Total contribution requested from the CI Initiative	\$
Total cash contribution from other sources	+ \$
TOTAL PROJECT VALUE	= \$

Please Note: The items listed below are mandatory if applicable to the project being applied for – Applications that do not include these attachments when applicable may be deemed incomplete and may not be considered.

Check (√)	Requirements
	2 complete and signed Application Forms including all budgets and funding source information.
	Financial Statements (for the most recent fiscal year-end).
	Business Registration or Letters Patent noting Not-For-Profit status.
	Proof of business and liability insurance.
	Request for Consultant Proposals including statement of work (If applicable)
	2-3 Quotes for items to be purchased or services provided.
	Training quotation including training program and calendar. Course outline, course information and specific Certification to be achieved (if applicable).
	Trade show information – Registration Form or trade show details (if applicable)
	Promotional or advertising materials (if applicable)
	Other supporting information such as: Photographs; Letters of Support; Site maps; Testimonials; and Data tables.
	Other

ENVIRONMENTAL ASSESSMENT & IMPACT

For projects that will impact the environment: Detail the environmental impact assessment measures which will be used to ensure that the project complies with all environmental guidelines as set out in the *Canadian Environmental Assessment Act (CEAA)*. For details of CEAA requirements please visit www.ceaa-acee.gc.ca. KLCFDC reserves the right to not disperse any part of any contribution should a business/organization fail to adhere to any applicable environmental regulations. Please note that the project may be subject to a full Environmental Assessment, as well as a requirement to meet other government regulatory conditions, prior to your project receiving final approval to proceed.

PAYMENT OF KAWARTHA LAKES CFDC CONTRIBUTIONS

Detailed instructions and claim forms will be provided to Applicants after their projects are approved by Kawartha Lakes CFDC. However, Applicants may find the following general information useful in their financial planning.

In order to receive payment, Applicants must file a claim. The claim must include a listing of all the eligible costs incurred for the project with supporting invoices. Copies of all invoices must accompany the claim. Original invoicing may be requested. A list of Eligible and Ineligible Costs can be found in the BD Initiative Application Guidelines. Advances may be possible and will be considered on an individual basis.

Applicants may claim 90% of the approved EODP contribution upon completion of the project. The final 10% of the approved EODP 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, for seven years, including invoices and cancelled cheques, and to provide Kawartha Lakes CFDC auditors with access to these records when requested.

If Applicants arrange for bridge financing of their EODP contribution with a bank or other financial institution, Kawartha Lakes CFDC may accept a direction to pay the proceeds of an EODP contribution jointly to an Applicant and/or the financial institution providing the bridge financing.

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

DISCLOSURE OF INFORMATION

- (a) KLCFDC may collect all of the Applicants information considered necessary for the assessments required within the framework of this project or any future project. This also applies to the update of information to allow the KLCFDC to reanalyze engagements of the corporation including the framework of renewals, amendments or changes in the business.
- (b) KLCFDC may provide Applicant's business information with any financial institution, financial partners, information establishment, business partners, business association, possible guarantor, appraiser or any other person with whom KLCFDC maintains business connections within the framework of the provision of financial services of this project.
- (c) There are specific requirements with respect to the acknowledgement of the Government of Canada's participation and visibility requirements of same. Project information may be used in press releases, announcements or other activities as deemed appropriate and that the Applicant(s) may be required to participate in these activities. Full details on the [Federal Visibility Guidelines](#) can be found at www.feddevontario.gc.ca
- (d) The Government of Canada, directly or through its delivering agents, has the access and use of all information relating to the project.

CERTIFICATION

The undersigned is authorized to sign on behalf of the corporation and certifies that all information provided to KLCFDC in support of this request for funding is true and complete, and agrees to provide any additional information that may be required for KLCFDC to render a decision, in a timely manner. The undersigned also herewith provides consent for KLCFDC to make sufficient credit and other inquiries that may be necessary in the evaluation of this request for funding.

Binding Signatory:		Witness (co-worker, supervisor, etc.)	
Name:		Name:	
Title:		Title:	
Signature:		Signature:	
Date:		Date:	
OFFICE USE ONLY	Date Received:	Project No.	Received By: