

LOCAL INITIATIVES PROJECT FUND (LIP) APPLICATION

Date Received:

(For Office Use Only)

Before completing this application, please read the *Application Guide*. If you have any questions, call NECO's office at (705) 476-8822 ext 212.

Funding Requested: \$

Information on your CED Activity	
Project Title/Name: _____	
Start Date: _____	Completion Date: _____
Project Location: _____	

Community, Group or Organization Requesting Funding	
Group Name: _____	Contact Person: _____
	Title/Position: _____
Address: _____	Tel. - Work: _____
Town/City: _____	- Home: _____
Postal Code: _____	Fax: _____
Web-site: _____	E-Mail: _____

Define your Group, Organization or Community – Its Mandate and Background (remember that community is not necessarily synonymous with municipality):

Provide a Brief Summary of Your Project.

Indicate Who Will Benefit Most From Your CED Activity (choose one)

<input type="checkbox"/>	Aboriginals	<input type="checkbox"/>	Youth	<input type="checkbox"/>	Community of Interest
<input type="checkbox"/>	Francophones	<input type="checkbox"/>	Persons with Disabilities	<input type="checkbox"/>	Other (please specify):
<input type="checkbox"/>	Racial Minorities	<input type="checkbox"/>	Community of Common Bond		
<input type="checkbox"/>	Women	<input type="checkbox"/>	Geographic Community		

Indicate What Sector Will Benefit Most From Your CED Activity (choose one)					
<input type="checkbox"/>	Industry	<input type="checkbox"/>	Retail	<input type="checkbox"/>	Other (please specify):
<input type="checkbox"/>	Tourism	<input type="checkbox"/>	Forestry		
<input type="checkbox"/>	Service	<input type="checkbox"/>	Agriculture		

Brief Indication of Use of Funding					
<input type="checkbox"/>	Marketing/Promotional Activities	<input type="checkbox"/>	Community Tourism Events		
<input type="checkbox"/>	Pre-feasibility Studies	<input type="checkbox"/>	EA Reports		
<input type="checkbox"/>	Feasibility/Business Plan	<input type="checkbox"/>	Project Implementation		
<input type="checkbox"/>	Research Projects	<input type="checkbox"/>	Small-scale Capital Projects (\$0-3,000)		
<input type="checkbox"/>	Leadership/Capacity Building (seminars/workshops, etc.)	<input type="checkbox"/>	Other Community Based Economic Development Projects		

How will your project contribute to the economic activity/development of your community and/or region?

What are the needs of your community/region that will be addressed by this project? What will its impact be on the community/region?

Will this project create or sustain employment? (If so, indicate amount.)

Specify the needs of your organization/group that will be addressed by NECO CFDC's involvement in this project?

What resources are being committed to this project by your group/organization? (Include: time, skills, talent, "in-kind" contribution, financial, etc. Be as specific as possible.)

What resources are being committed to this project by other individuals, groups/organizations and levels of government? (Include: time, skills, talent, "in-kind" contribution, financial, etc. Be as specific as possible.)

Is there community/regional or external support (incl. government) **for this project?**
(Include letters of support with application)

What input would community/regional groups/organizations have in the design, management and implementation of the project?

What specific methods will your group/organizations use to measure the success of this project?

Please indicate if any land/property involved in the project is owned by a person/entity other than the applicant. Please attach a letter of support from the land/property owner for this project.

Other information that provides clarification on your project.

Application From a Municipality or First Nation. Please include (or attach) a resolution from the municipal council or band council formally requesting funds from the NECO Community Futures Development Corporation Local Initiatives Project Fund (LIP) to assist with this project.

Detailed Project Budget

Complete the chart below or attach information that clearly outlines the costs and revenues for your project. Include written quotations or estimates from suppliers where required.

Project Costs (Please List)	Amount	Project Revenue (Sources of Funding)	Amount	Confirmed	Anticipated
		a) Government Funding:			
		Federal			
		Provincial			
		Municipal			
		b) Other sources of funding:			
		Your Group/Organization Funds			
		Fund Raising			
		Debentures, loans, mortgage			
		Other Funds (e.g. corporate, sponsorships, other partners) Please specify:			
		c) In-kind Contributions:			
		Donated Labour/Equipment Please specify:			
		Donated Material Please specify:			
		d) NECO Funds			
Total Project Costs:		Total of Financial Sources			

(Total Project Costs must equal Total of Financial Sources)

Amount requested from NECO \$

Terms and Conditions

1. Definitions

“**Applicant**” means the organization that has submitted this application to NECO Community Futures Development Corporation.

“**CFDC**” stands for Community Futures Development Corporation.

“**Recipient**” means that the Applicant organization has submitted an application and has been approved by NECO CFDC.

2. Time

These terms and conditions shall be in effect until the project has been fully completed with all outstanding obligations met or one (1) complete year from the date on the letter of approval.

3. Acknowledgment

The Recipient shall acknowledge the support of NECO Community Futures Development Corporation as well as FedNor in all advertising or publicity related to the Recipient’s project or operations.

4. Purpose

The recipient shall provide a detailed list of clear, measurable objectives to be met with these funds.

The funds approved from NECO’s LIP fund shall only be used by the Recipient for the purposes outlined in the NECO CFDC’s letter of approval.

5. Assignment of Funds

The Applicant/Recipient shall not assign this application or any funds, or part thereof, to any other organization or individual whatsoever.

6. Further Conditions

NECO CFDC shall be entitled to impose such terms and conditions as it may determine, in its sole discretion, on any consent granted pursuant to this application.

7. Repayment of Funds

The Recipient shall at the request of NECO CFDC repay to NECO CFDC the whole or any part of the approved funds if the Recipient:

- a) fails to complete the project;
- b) winds up or dissolves;
- c) has knowingly provided false information on the application;
- d) uses the funds for purposes not agreed upon by NECO CFDC;
- e) breaches any terms or conditions provided herein;
- f) commences or has commenced against it, any proceedings in bankruptcy or is judged bankrupt.

8. Unused Funds

Any unused portion of the funds approved remain the property of NECO CFDC. If an unused portion of the funds has already been paid to the Recipient, it shall be repaid to NECO CFDC on request.

9. Accounting

The Recipient shall keep and maintain all records, invoices and other documents relating to the funds approved in a manner consistent with generally accepted accounting principles and clerical practices, and shall maintain such records for a period of three (3) years.

The Recipient authorizes NECO CFDC and its agents at all reasonable times to inspect and copy any records, invoices and documents in the possession or under the control of the Recipient relating to the approved funds.

10. Consent to Release

The Applicant/Recipient consents to the release of information contained in its application to NECO CFDC and in any reports submitted under these terms and conditions.

11. Reports

The Recipient shall submit progress reports and any other necessary information to NECO CFDC upon request.

12. Limitation of Liability, Indemnification and Insurance

The Recipient agrees that NECO CFDC shall not be liable for any incidental, indirect, special or consequential damages, injury or any loss of use or profit of the Recipient arising out of or in any way related to the project.

The Recipient agrees that it shall indemnify NECO CFDC, its employees and agents, against all costs incurred as a result of a claim or proceeding related to the project, unless it was caused by the negligence or willful act of an employee of NECO CFDC.

Statement by Applicant

On behalf of and with the authority of the organization, I certify that the information given on this application to the CDC LIF Fund is true, correct and complete in every respect and that the organization agrees to abide by the terms and conditions outlined above governing the approved funds. I am aware that the information contained herein can be used for the assessment of eligibility and for statistical reporting. I understand that the information in this application may be subject to disclosure. I confirm on behalf of, and with the authority of, the organization that the organization accepts sole responsibility for all costs, including capital and operating costs, related to this project. I acknowledge that I have read and understand the information contained in the CDC CED Fund Application Guide.

Name of Authorized Person <i>(print)</i>	Position/Title	Signature	Date
Organization President/Chair <i>(print)</i>		Signature	Date