

**Application  
Regional Development Fund**

<b>For Office Use Only</b>	
Regional Development Program	<input type="checkbox"/>
Community Capacity Building	<input type="checkbox"/>
Partnership	<input type="checkbox"/>

<b>Applicant Information</b>			
Name of Applicant/ Organization		Phone	
Mailing Address		Fax	
		Email	
		Contact Person	
		Title of Contact Person	
		CRA Business Number	

<b>Project Information</b>			
Project Name			
Industry/Sector			
Application Date		Location of Activity	
Project Start Date		Total Project Cost	
Project End Date		Amount Requested	
Brief Description of Project <i>(Please attach proposal and budget.)</i>			

<b>Privacy and Confidentiality Notice</b>
Please sign in the boxes below to indicate you have read and understand both parts of this Notice.
We will only use the personal information collected or provided as part of this application process for purposes directly related to the operation of the relevant programs and for statistical reports.
Information you provide us in confidence, both personal and business-related, will be kept confidential unless <ul style="list-style-type: none"> <li>• you approve its release, or</li> <li>• we are required or authorized by laws such as the <i>Access to Information and Protection of Privacy (ATIPP) Act</i> to release it.</li> </ul>
If you have questions regarding privacy and confidentiality, contact the Access and Privacy Coordinator, Department of Tourism, Culture, Industry and Innovation, phone 729-7000 or email <a href="mailto:TCII@gov.nl.ca">TCII@gov.nl.ca</a>

### Applicant's Declaration

To the Department of Tourism, Culture, Industry and Innovation (TCII)

a) I confirm that the information given in this application is to the best of my knowledge and ability, complete, true and correct.

b) I certify that financial assistance from TCII is a significant factor in the decision to proceed with this project.

c) I certify that neither the applicant nor its officers are involved in any litigation, or in any proceedings before any government board, agency or tribunal having a material effect on the applicant or the project investment which have not been disclosed in writing as an attachment to this application.

d) I will provide all information required by TCII to complete the assessment of this project and I authorize TCII to make any inquiries of such persons, firms, corporations or other government agencies as it deems necessary in order to reach a decision on this application.

e) I will instruct the funding agencies as indicated above to provide TCII with full information concerning my (the applicant's) operating and financial position. I further authorize TCII to discuss fully my (the applicant's) affairs with the relevant agencies.

f) I authorize TCII to consult with Government Department & Agencies & concerned parties (including elected officials, Industry Associations, and other potential contributors regarding this application).

g) I confirm that the application is from a not for profit organization.

\_\_\_\_\_  
Signature of Authorized Signing Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name of Authorized Signing Officer

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD MM YY

### Information to be Provided in Support of your Application

An assessment of your project will not commence until the proposal and all required documentation are received to the satisfaction of the Department.

### Contact Information

Region	Address	Phone Number	Fax Number
Provincial Office	Email <a href="mailto:TCII@gov.nl.ca">TCII@gov.nl.ca</a> Departmental Website <a href="http://www.gov.nl.ca/ibrd">www.gov.nl.ca/ibrd</a>	(709) 729 7000 1 800 563 2299	(709) 729 4858
Avalon	Second Floor, West Block, Confederation Building, St. John's NL. A1B 4J6	(709) 729 7017	(709) 729-7135
Central	Second Floor, Fraser Mall, 230 Airport Boulevard, P.O. Box 2222 Gander NL. A1V 2N9	(709) 256 1480	(709) 256-1490
Eastern	221B Memorial Drive Clarenville, NL A5A 1R3	(709) 466 4170	(709) 466-1306
Labrador	2 Hillcrest Road P.O. Box 3014, Station B Happy Valley-Goose Bay Labrador NL. AOP 1E0	(709) 896 2400	(709) 896-0234
Western	2 Herald Avenue, P. O. Box 2006 Corner Brook, NL. A2H 6J8	(709) 637 2976	(709) 639-7713