

**FAMILY AND YOUTH CAPITAL ASSISTANCE PROGRAM  
APPLICATION FORM**

(Please refer to Fund guidelines)

**SECTION I: PARTICULARS OF THE PROJECT**

1. Project Title: \_\_\_\_\_ Location of the Project: \_\_\_\_\_  
(Town / City / Village)

2. Project description:

3. Total project costs and funding sources:

a) Project costs-excluding taxes (you must attach contractor/company estimates):

Building and Structures	\$ _____	
Machinery and Equipment	\$ _____	
Labour	\$ _____	
Other (Specify)	\$ _____	TOTAL \$ _____

*See section IV of the Fund guidelines for eligible costs*

b) Project funding	\$ _____	
Applicant	\$ _____	
*Other (Specify)	\$ _____	Sub-total \$ _____

\*State all in kind and sweat equity contributions (Sweat equity will be calculated at \$10/hour)

c) Requested FYCAP contribution/Grant: \$ \_\_\_\_\_

4. Estimated start date of the project: \_\_\_\_\_

5. Estimated completion date of project: \_\_\_\_\_

**SECTION II: BACKGROUND OF THE APPLICANT**

6. Legal name of applicant:

Check appropriate box:    Municipality             Local Service District             Non-profit Organization

Name:

\_\_\_\_\_

Street Address:

Mailing Address (if different):

[Empty box for Street Address]

[Empty box for Mailing Address]

7. Name and title of official to whom inquiries may be directed:

Mr             Ms./Mrs

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Tel (daytime): \_\_\_\_\_

Fax: \_\_\_\_\_

**SECTION III: AGREEMENT**

- a) Project must not commence before the applicant receives written notification of approval by the Regional Development Corporation
- b) The applicant shall allow representatives of the Regional Development Corporation to enter at all reasonable times into the work area to ensure that the guidelines are being adhered to.
- c) This contract may be terminated by the Regional Development Corporation upon written notification.

**I CERTIFY THAT THE INFORMATION CONTAINED IN THE APPLICATION IS CORRECT AND I AGREE TO ABIDE BY THE GUIDELINES.**

Name of applicant	Signature	Position	Date
_____	_____	_____	_____

Please forward completed and signed application form to:

**Family and Youth Capital Assistance Program**  
Regional Development Corporation  
836 Churchill Row  
PO Box 428  
Fredericton NB E3B 5R4  
Telephone: (506) 453-2277  
Fax: (506) 453-7988  
Web site: <http://www.gnb.ca/0096/Youth-e.asp>