

# Application for Technical Assistance

Food Processing Development Division

## SECTION I - Client/Company Name

Client		Contact Person		
Address	City/Town	Province	Postal Code	
Telephone Number (include area code)	Fax Number (include area code)	E-Mail Address		

## SECTION II - Project Description

## SECTION III - Project Information

Intended Market Area		Current Manufacturing Capabilities		
Current Distribution Capabilities		Technical Assistance Required		
Type of Contract Requested	<input type="checkbox"/> Developmental <input type="checkbox"/> Sensory Evaluation <input type="checkbox"/> Interim Processing	Sources of Project Funding	<input type="checkbox"/> Client <input type="checkbox"/> Other	Target Completion Date
Are you currently working with an AAFRD development officer?		<input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, who?		
If No, may we forward your name to AAFRD financial/marketing development officers? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Requested by:	Date
---------------	------

**Note:** Clients requesting Centre assistance may be required to provide a detailed business plan for review prior to application acceptance. If the application is accepted, clients will be required to comply with minimum insurance requirements. Any processing at the Centre must comply with all appropriate federal and provincial regulations.

*The collection of personal information on this application is authorized by the Freedom of Information and Protection of Privacy Act. The personal information will be used to contact the applicant in matters related to this application. If you have any questions about the collection or use of this information, please contact Karen Erin, Branch Head, Food Processing Development Centre, 6309-45 Street, Leduc, Alberta, Canada, T9E 7C5, phone (780) 986-4793, fax (780) 986-5138.*