



GOVERNMENT OF  
NEWFOUNDLAND  
AND LABRADOR

## Grant Application - Craft Industry Development Program

All applications are to be submitted to the Economic Development Officer in the applicant's economic zone a minimum of four weeks prior to project commencement.

Section 1: General Information			
Business Name:			
Owner(s):			
Address:			Postal Code:
Telephone:	Fax:	E-mail:	
Website:		Economic zone:	
Contact person:		Position:	Telephone:
Status of Business: <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Cooperative <input type="checkbox"/> Incorporated <input type="checkbox"/> Other (specify) _____			
Type of Operation: <input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit		Number of years in operation:	
Number of Employees, including owner:	Full-time salaried	Part-time	
	Contractual	Piece work	
Will you be hiring any new employees as a result of this project? If yes, how many			
Location of Production <input type="checkbox"/> Home-Based <input type="checkbox"/> Cottage Industry (eg.: piece work) <input type="checkbox"/> Separate production facility ( <input type="checkbox"/> Own or <input type="checkbox"/> Rent)			
Current scope of applicant's market <input type="checkbox"/> Local <input type="checkbox"/> Provincial <input type="checkbox"/> National <input type="checkbox"/> International			
Market distribution: Wholesale _____% Retail _____%			
Applicant Profile			
1. Describe your product.			



CRAFT COUNCIL  
OF NEWFOUNDLAND & LABRADOR

In Cooperation with the Craft Council of Newfoundland and Labrador

2. Describe how your product is made including materials, equipment and staff.

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3. What is the price range of your product?

4. Have your products been reviewed by the Product Review Committee?  Yes  No  
(If yes, please include a copy of the assessment)

5. Please provide the following information about your markets:

5. a. Describe your customer.

5. b. List your marketing activities.

5. c. Describe your promotional items including packaging and labeling.

6. What were your gross sales for the last fiscal or calendar year?

7. Describe any changes you plan to make in the following, during the next 12-36 months:

7. a. Product.

7. b. Employees.

7. c. Training activities.

7. d. Equipment and machinery.

7. e. Work Space.

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7. f. Marketing activities.

7. g. Promotion.

**SECTION 2**

Business Name:

Project Title:

Estimated Start Date of Project:

Estimated Completion Date:

Craft Industry Development Program Element:

Project Description (What Is it That You Want to Do?) *Please attach additional pages if necessary.*



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Please describe how this project will benefit your business. Include specific sales projections, additional employees and production efficiency. Be specific. *Note: To assist with project assessment it may be of benefit to you to include appropriate supporting documentation such as: course outlines, resume of resource person, exhibitor kits, mock-up of identification and promotional materials, letters of support from customers, etc.*

A copy of your latest financial statements (income tax return) or a completed Craft Industry Development Program financial information form **must** be included with this application.

**Declaration**

I certify that the statements made in this application are true and complete to the best of my knowledge. I also authorize Craft Industry Development Program (CIDP) to make any inquiries of such persons, firms, corporations, federal and provincial government agencies/departments and non-profit economic development organizations, to collect and share information with them, as CIDP deems necessary in order to reach a decision on this application, to administer and monitor the implementation of the project, and to evaluate the results of the project and this program after project completion.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Department of Innovation, Trade and Rural Development, P.O. Box 8700, St. John's, NL, A1B 4J6 Tel: 709-729-7000