

**APPLICATION
BUSINESS NETWORKS PROGRAM**

Today's Date

Please submit the completed application along with a funding proposal to: Business Networks Program, Department of Innovation, Trade and Rural Development, 2nd Floor, West Block, Confederation Building, P.O. Box 8700, St. John's, NL A1B 4J6.

Network Name

Network Contact

Address 1

Title

Address 2

Telephone

City or Town

E-mail

Postal Code

Web Site

Type of Business Network

List of Network Members (separate with a comma)

- Incorporated Partnership
 Cooperative Not-for-Profit
 Proprietorship Other (Specify) _____

PLEASE ATTACH APPLICATION TO FUNDING PROPOSAL

**DECLARATION OF REPRESENTATIVE OF BUSINESS NETWORK
TO THE MINISTER OF INNOVATION, TRADE AND RURAL DEVELOPMENT:**

1. I confirm that the information given in this application is, to the best of my knowledge and ability, complete, true and correct.
2. I certify that this application for financial assistance is a significant factor in the decision to proceed with the project or activity described in the application.
3. I will provide all information required to complete the assessment of this project, and I authorize the Department of Innovation, Trade and Rural Development to make any enquiries of such persons, firms or corporations or other government agencies as deemed necessary in order to reach a decision on this application.
4. I understand that failure to provide information or documentation when requested may result in the automatic rejection of this application for financial assistance.

Name and Title of Authorized Official

Signature of Authorized Official

Signed at _____ this _____ day of _____, 20 _____.

