

Craft Industry Development Program Grant Application Form

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

SECTION 1: GENERAL INFORMATION

Business Name:		Owner/s:	
Address:			Postal Code:
Telephone:	Fax:	Email:	
Website:			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:

- Home-based Cottage Industry (ie. Piecework)
 Separate production facility (Own Rent)

Current Scope of applicants market:

- Local Provincial National International

APPLICANTS PROFILE:

1. Describe your product:

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

3. What is the price range of your product: _____

4. Have your products been reviewed by the Department of Innovation and Trade and Rural Development's Project Review Committee? Yes No *(If yes, please include a copy of the assessment)* Have your products been juried by the Standard's Committee of the Craft Council of Newfoundland and Labrador? Yes No *(If yes, please include a copy of the assessment)*

5. Markets:

a. Describe your customer

b. List your marketing activities:

c. Describe your promotional items including packaging and labeling:

6. What are your gross sales for the last fiscal/calendar year? _____. What are your projected sales next year? _____

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

a. Product:

b. Employees: _____

c. Training Activities:

d. Equipment and Machinery:

e. Work Space: _____

f. Marketing Activities:

g. Promotion:

SECTION 2:

BUSINESS NAME:	
PROJECT TITLE:	
Estimate start date of project:	Estimated completion date:
CIDP Program Element:	

PROJECT DESCRIPTION (*describe what it is you want to do?*)

BUDGET: (*please provide price quotations/mockups for all Promotional and Identification projects along with individual budgets for each project*)

Expense:	Projected Cost (excluding GST/HST)
Total	

Have you received or expect to receive other government financial assistance for this project?
 Yes No If yes, provide details

BENEFITS:

Describe how this project will benefit your business? How is this project going to increase the value of your business? (be specific)

Note: to assist with project assessment it is essential that you include the appropriate supporting documentation such as: course outlines, resume of resource person, exhibitor kits for trade shows, mock-up of identification and promotional materials, letters of support from customers, etc.

IMPORTANT: a copy of your latest financial statements as prepared by your accountant or your Statement of Business Activities (#T2124) **must** accompany all applications

Declaration: I certify that the statements made in this application are true and complete to the best of my knowledge. I also authorize CIDP to make any inquiries of such persons, firms, corporations, federal and provincial governments 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:** _____