

**APPLICATION**  
**Regional/ Sectoral Diversification Fund**

APPLICANT INFORMATION			
Name of Applicant/ Organization		Phone	
Mailing Address		Fax	
		Name of Contact Person	
		Title of Contact Person	
		E-mail Address	

PROJECT INFORMATION			
Name of Project			
Application Date		Location of Activity	
Project Start Date		Provincial Electoral District	
Project End Date		Federal Electoral District	
Total Project Cost		Financing Requested	
Brief Description of Project <i>(Please attach proposal and budget.)</i>			

APPLICANT'S DECLARATION
<p>To the Department of Innovation, Trade and Rural Development (INTRD)</p> <p>a) I confirm that the information given in this application is to the best of my knowledge and ability, complete, true and correct.</p> <p>b) I certify that financial assistance from INTRD is a significant factor in the decision to proceed with this project.</p> <p>c) I certify that neither the applicant nor its officers are involved in any litigation, or in any proceedings before any government board, agency or tribunal which have not been disclosed in writing as an attachment to this application.</p> <p>d) I will provide all information required by INTRD to complete the assessment of this project and I authorize INTRD to make any inquiries of such persons, firms, corporations or other government agencies as it deems necessary in order to reach a decision on this application.</p> <p>e) I will instruct the funding agencies as indicated above to provide INTRD with full information concerning my (the applicant's) operating and financial position. I further authorize INTRD to discuss fully my ( the applicant's) affairs with the relevant agencies.</p> <p>f) I authorize INTRD to consult with Government Department &amp; Agencies &amp; concerned parties ( including elected officials, Regional Economic Development Boards, Industry Associations, and other potential contributors regarding this application).</p> <p>g) I confirm that the application is from a not for profit organization.</p>

_____ Name and Title of Authorized Official	_____ Signature of Authorized Official
Signed at _____ this _____ day of _____ 20 _____	