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Community Economic Development Project Application Form

Contact Information		For Office Use Only
Contact Name: CFDC Name: Phone: Address:	Project # Date Received	
Part 1- General Information		
Project Name		
Type of Project		
Goals of Project		
Builds Community Capacity Does this project increase capacity in community organizations. Examples include: development of a youth leadership strategy, board governance workshops, regional roundtables, establishment or strengthening of a community non-profit organization.	<i>Please check all that apply</i> <input type="checkbox"/>	
Increases Community Stability Does this project contribute to the maintenance of community stability. Examples include: youth retention strategies, "buy local" campaigns, development of a labour force adjustment initiative, business retention/expansion program	<input type="checkbox"/>	
Enhanced Community Services or Facilities Does this project enhance physical infrastructure, cultural/recreational development, or social infrastructure. Examples include: development of a broadband network, upgrading a community's waterworks, creation of a business incubator site, expansion of a hockey rink, restoration of a heritage building, establishing or upgrading a playground, parks, museums, art galleries or ethnic centers, development of programs for at-risk youth etc.	<input type="checkbox"/>	
Increased Leadership/Expertise Community Futures initiated and/or led in which the CF played a key role in providing expertise.	<input checked="" type="checkbox"/>	
18-34 Years Old Engaged In community	<input type="checkbox"/>	
Builds Partnerships	<input type="checkbox"/>	

Describe how the project ties to the CFDC's operational/strategic plan.

Provide a short description of the project (i.e. Statement of work: who, what, where, why)

Part -2 Eligibility

Will this project primarily benefit more than one company/organization/community?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will all activities in this project lead to a CED outcome?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will this project include two or more partners?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will any of the funds from the CED Project be used to pay for work done or materials obtained before CF Meridian Region has received this application?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If Yes, please explain:</i>	

Funding Partners

Please indicate the funding partners for this project including the amount of cash they are contributing, the percentage of cash they are contributing, in-kind contributions, and whether they have committed in writing to the contributions.

Source of Funding	Name of organization	Committed (Y/N)	Cash (\$)	% of total cash	In-Kind (\$)
Applicant					
Other federal					
REDA/Enterprise Region					
Other provincial					
Municipal					
Other (private sector, not-for-profit)					
Total					

Part 4 – Timelines – Project supported \$ must be disbursed prior to Feb 28, 2010

Length of project	Project start date (YY/MM/DD)
Project end date (YY/MM/DD)	Project evaluation date (YY/MM/DD)
Is this project an enhancement of an existing initiative?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will this project continue beyond March 31, 2010?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Part 5 - Cash Flow – A 10% project hold back must be incorporated in cash flow

Please indicate the amount of funds you will require in each quarter of 2009-2010

Project Quarter	08/25/2009 - 09/30/2009	10/01/2009 – 12/31/2009	01/01/2010 – 02/28/2010	Final payment 03/01/2010
Amount Requested:	\$	\$	\$	\$

Part 6 - Deliverables

Please list the main deliverables of the project, along with timelines, and indicate how you will measure success.

Project Outcomes (Deliverables)	Timelines	Performance Indicators

