



**WCFDC E-Commerce Support Program**

**Date:**

**To:**

**From: WCFDC**

**APPLICATIONS FOR FUND**

**Wakenagun, Community Futures Development Corporation**

**101 Cedar Street,**

**Timmins, ON, P4N 2G7**

Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

***Grant Request Information:***

Grant Amount Requested: \$ \_\_\_\_\_

Other Funds: \$ \_\_\_\_\_

Total Amount of Project: \$ \_\_\_\_\_

Have you previously received E-Commerce funding? Yes\_\_ No\_\_

If yes, was it for this particular project? Yes\_\_ No\_\_

Has the Province or the Federal government provided any money to this project? Yes\_\_ No\_\_

If yes, how much money was granted: \$ \_\_\_\_\_

1) Describe who in the organization will be in charge of the project and what their role will be, and if an expert will be engaged for this work? If there will be an expert, kindly also state the expert's name, company and competencies?

2) Explain what unmet need within the organization will be addressed by your project (include supporting date if available). Please state what tangible items will be purchased with the grant money and an itemized listing of their estimated costs.



3) Provide the service market of the business and number of persons presently or likely to be served. Provide data on total population of community or area served.

4) List the city and the facility location of the project where services will be provided. How soon could you begin the services funded by this grant?

5) Describe specific project goals, which will be accomplished with the requested grant funds.

6) Financial Information:

a) List all sources and amounts of income and contributions you have received during the past year for this project.

b) List sources of fund you expect to receive for the period for which you are requesting these grant funds. Please note which amount is committed and which is projected at present time.

7) Assurances:

As a recipient of E-commerce support funds, and as a duly authorized representative of this organization, I certify that this organization:

- Will use funds to supplement and extend existing resources and not to substitute or reimburse ongoing programs and services;
- If private, not-for-profit, has a voluntary board;
- Will expend monies only on eligible costs and keep complete documentation (copies of cancelled checks, invoices, receipts, etc.) on all expenditures.

Name: \_\_\_\_\_

\_\_\_\_\_

(Signature)

Company / Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_