

**Stage 1: Project Summary**

*Please complete the Project Summary section (pages 1 – 3) and submit this document by email to Coast Funds at [projects@coastfunds.ca](mailto:projects@coastfunds.ca). We will review the summary and discuss the project with you. If the project is eligible, we can assist you as you develop a complete application.*

*If you have any questions regarding the application process, we can be reached at 604-684-0223.*

Economic Development Project Title	Date Submitted (dd mmm yyyy)

Applicant Organization (Legal Name)	Participating First Nation Allocation

**Executive Summary**

*Please provide a brief summary of the proposed project and the work that will be performed.*

**Key Objectives of the Project**

*Please identify at least three objectives that are specific, measurable, attainable, relevant and time-bound.*

- 1.
- 2.
- 3.
- 4.
- 5.

### Rationale for the Project

*Please explain why this project should be implemented including the long-term community or regional needs it addresses.*

### Economic Benefits

*Please outline the direct economic benefits to the local and/or regional economy. For example, note any small businesses that may be indirectly created, skills training opportunities, product or service exports, direct financial benefits to the nation.*

### Environmental Sustainability

*Please explain how the project is environmentally sound and sustainable. Please outline the project's proposed use of natural resources and whether steps have been taken to minimize the release of any potential pollutants.*

Project Start Date  
(dd mmm yyyy)

Project End Date  
(dd mmm yyyy)

### Funding Request and Payment Schedule

*Please identify the total funding you are requesting from Coast Opportunity Funds and the dates you would prefer payments.*

Requested Payment Date (dd mmm yyyy)	Associated Project Milestone	Requested Amount
1.	Initial Advance Payment	\$
2.		\$
3.		\$
Total Funding Requested from Coast Funds:		\$

Other Project Funding			
Funding Source	Type	Current Status	Amount
			\$
			\$
			\$
			\$
			\$
			\$
Total Other Funding Sources:			\$
Funding Requested from Coast Opportunity Funds:			\$
Total Project Funding:			\$

Partnerships		
<p>Please list the project's key business partners including supplier agreements, distributors, and joint ventures, as well as partnerships with universities, non-governmental organizations, and other First Nations.</p>		
Partner Organization	Type	Expected Outcomes This Year
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Primary Contact Information			
Name		Title	
Email	Work Phone	Work Extension	Cell Phone
Mailing Address	City	Province	Postal Code



Before proceeding to Stage 2, please submit this form with pages 1 – 3 completed and leave the remainder of the document blank. We will review your project summary and call you to discuss the project. If the project is eligible, we can assist you as you develop a complete Funding Application.

## Stage 2: Project Funding Application

*Once the Project Summary has been reviewed and the application is considered eligible, we can work with you to develop the project funding application and required attachments.*

Project Work Plan					
Activity	Responsibility	Budget	Budget Category	Start Date	End Date
<i>List all key activities in the work plan for the project.</i>	<i>Identify the person, partner or supplier responsible for each activity.</i>	<i>Note the planned cost for each activity.</i>	<i>Select the expense type for each activity.</i>	<i>Note the planned activity start date. (dd-mmm-yyyy)</i>	<i>Note the planned activity end date. (dd-mmm-yyyy)</i>
1.		\$			
2.		\$			
3.		\$			
4.		\$			
5.		\$			
6.		\$			
7.		\$			
8.		\$			
9.		\$			

## Project Work Plan

Activity	Responsibility	Budget	Budget Category	Start Date	End Date
<i>List all key activities in the work plan for the project.</i>	<i>Identify the person, partner or supplier responsible for each activity.</i>	<i>Note the planned cost for each activity.</i>	<i>Select the expense type for each activity.</i>	<i>Note the planned activity start date. (dd-mmm-yyyy)</i>	<i>Note the planned activity end date. (dd-mmm-yyyy)</i>
10.		\$			
11.		\$			
12.		\$			
13.		\$			
14.		\$			
15.		\$			
16.		\$			
17.		\$			
18.		\$			
19.		\$			
20.		\$			
<b>TOTAL PROJECT BUDGET:</b>		<b>\$</b>			

*If you would like to list more than twenty activities, please contact us and we will provide a longer work plan template.*

### Current Employment

Please provide the current employment for your organization.

Job types	Total number of existing jobs	Of total existing jobs, # held by First Nations	Hours of employment per week (average)	Total months worked per year
Direct permanent full-time jobs:			35+ hours/week	12 months/year
Direct permanent part-time jobs:			hours/week	12 months/year
Direct seasonal jobs:			hours/week	months/year

Current Full-Time Equivalent (FTE) Employment:

Please explain how the requested funding will help sustain existing employment.

### New Employment (Job Creation)

Please provide an estimate of the new employment this project is anticipated to create.

Job types	Total number of new jobs	Of total new jobs, # held by First Nations	Hours of employment per week (average)	Total months worked per year
Direct permanent full-time jobs:			35+ hours/week	12 months/year
Direct permanent part-time jobs:			hours/week	12 months/year
Direct seasonal jobs:			hours/week	months/year
Direct temporary jobs (eg. construction or consulting):			hours/week	months

Please list the job titles/roles for the new employment positions that will be created:

Proposed Permanent New Full-Time Equivalent (FTE) Employment:

### Economic Development Capacity Building

Please describe any training or workforce development initiatives that are planned to build capacity.

### Traditional Knowledge

*Please check and describe each of the following areas of traditional knowledge that directly relate to project work plan activities.*

Language

Access to traditional foods

Engaging elders to transfer knowledge to youth

Traditional stewardship practices

Protection and restoration of cultural assets  
(e.g. CMTs, historic village sites, petroglyphs)

Expression of art or history

### Key Success Factors

*Please identify three key factors that are critical to the success of this project.*

1.

2.

3.

### Risk Factors and Risk Mitigation Strategies

*Please identify three key risks and how your organization will monitor and mitigate each risk as the project is implemented.*

Risk Factor

Mitigation Strategy

1.

2.

3.

## Authorization

I (we) certify that the information in this application and associated attachments reflect an accurate description and estimate of the costs, job creation, and financial projections for the proposed project.

I (we) agree that information provided in this application may be shared with Coast Opportunity Funds staff, Board and consultants.

I (we) authorize Coast Economic Development Society to make enquiries of such persons or organizations operating in the project's field of activities as Coast Economic Development Society deems necessary to reach a decision on this application.

I (we) understand that the application may not be approved, and agree to follow Coast Funds' procedures for discussing the Board's funding decisions.

I (we) have read and understood Coast Funds' policy on dealing with harassment of staff by clients, and will adhere to the policy ([view policy online](#)).

By entering my name here electronically, I authorize all of the above for this application:

Name of an Organizational Signing Authority

Title

Date (dd mmm yyyy)

## Attachments

*Please ensure that each document is attached as part of your complete Project Funding Application:*

### **Business Plan**

We encourage you to consult us as you develop the business plan so we can assist and advise you wherever possible. Please refer to the business plan template available on the Coast Funds website. The template identifies the information we expect to see in your business plan. [Download the template from our website.](#)

### **Current Financial Statements**

Financial statements (balance sheet, income statement, cash flow statement) for the most recent year (audited if available) as well as the organization's most recent monthly/quarterly in-house financial statements.

### **Pro Forma Financial Statements**

Financial projections for the next three to five years with sufficient detail if multiple product or service lines are proposed. Please provide projections in spreadsheet format (Microsoft Excel preferred).

*Please summarize the detailed Pro Forma Financial Statements that are attached to the application.*

Date of Fiscal Year End	Operating Revenue	Cost of Goods Sold	Operating Expenses	Operating Income
Year 1:	\$	\$	\$	\$
Year 2:	\$	\$	\$	\$
Year 3:	\$	\$	\$	\$
Year 4:	\$	\$	\$	\$
Year 5:	\$	\$	\$	\$
<b>CUMULATIVE REVENUE: \$</b>		<b>CUMULATIVE INCOME: \$</b>		

*Depending on the nature of your project, we will work with you to determine the appropriate documents to attach to the application.*





Before proceeding to Stage 3, please submit this form with pages 1 –8 completed. Please note that the Council and/or Board must review the complete application (including attachments) in order to endorse the project.

### Stage 3: Resolutions

*A Council resolution must be received before a funding agreement can be issued. Please secure and forward the following:*

#### **Council Resolution**

A signed resolution from the appropriate council of a Participating First Nation is attached.  
The resolution should include all of the following:

- Project title
- Date of the application
- Amount requested
- Date the resolution was passed
- List of the councillors passing the resolution
- Organization that is authorized to receive project payments

*In addition to the Council resolution, a Board resolution is only required if the application is from a company (eg. development corporation) or non-profit society.*

#### **Board Resolution**

A signed resolution from the Board of Directors of the organization applying for funds is attached.  
The resolution should include all of the following:

- Project title
- Date of the application
- Amount requested
- Date the resolution was passed
- List of the directors passing the resolution