

INFRASTRUCTURE PLANNING APPLICATION FORM

ECONOMIC DEVELOPMENT



Please complete the Project Summary section (pages 1 – 3) and submit this document by email to Coast Funds at patricia@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 ext 9.

How will this information be used and why?

Under the Great Bear Rainforest PFP and Great Bear Sea PFP agreements (see: Governing Documents), Coast Funds is mandated to administer funds for participating First Nations' investments in conservation and economic development, and to record the collective outcomes achieved. This questions in this application form, which mirror the final report form, track the community well-being outcomes identified in the PFP agreements. Coast Funds is accountable for reporting aggregated outcomes achieved. Importantly, each Nation's data is their own, and all Coast Funds will never share Nation-level or project-specific data with funders, partners, or wider public audiences without a Nation's consent.

INFRASTRUCTURE 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.

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RATIONALE FOR THE PROJECT

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

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 Funds and the dates you would prefer payments.

Funding Request and Payment Schedule

Requested Amount
(up to \$150,000)

\$

OTHER PROJECT FUNDING

Funding Source

Type

Current Status

Amount

\$

\$

\$

Total other funding sources: \$

Total funding requested from the allocation at Coast Funds: \$

Total project funding: \$

PROJECT BUDGET

Total budget (per attached quote): \$

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PRIMARY CONTACT INFORMATION			
Name	Title		
Email	Work Phone	Extension	Cell Phone
Mailing Address	City	Province	Postal Code

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 Funds staff, Board, and consultants.

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

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:

Consulting Quote

A current quote from a qualified consultant that details the scope of work to be performed and all associated costs.