



**1. Applicant**

Legal Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**2. Type of Operation**

Harvesting  Processing  Marketing  Other (specify): \_\_\_\_\_

**3. Brief Description of the Project**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4. Location of project:** \_\_\_\_\_

**Estimated start date of project:** \_\_\_\_\_

**Estimated completion date of project:** \_\_\_\_\_

**5. Annual Employment** (Jobs to be created in your operation as a result of this project)

	Number of Jobs		Duration (Weeks)	
	Pre Project	New Jobs	Pre Project	Projected
Core	_____	_____	_____	_____
Casual	_____	_____	_____	_____

**TOTAL**

**6. Applicant's references (if applicable)**

	Name of Firm or Agency	Contact Person	Telephone
Financial Institution	_____	_____	_____
Accountant	_____	_____	_____
Consultant	_____	_____	_____

**7. Have you applied for, or do you expect to receive, other government financial assistance for this project?**

YES       NO

If YES, provide details \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**8. Summary of Estimated Project Costs**

Labour	\$	_____
Materials		_____
Other Costs (specify) _____		_____
_____		_____
_____		_____
<b>TOTAL COSTS</b>		_____

**9. Financing of Project or Activity**

Applicant's Investment	\$	_____
Other Government Assistance (specify)		_____
Requested Contribution from the Fisheries and Aquaculture		_____
<b>TOTAL</b> (should equal <b>TOTAL COSTS</b> in 8 above)		_____

**10. Are you in Arrears/ Default with any Government Department or Agency?**

YES       NO

If YES, specify: \_\_\_\_\_  
 \_\_\_\_\_

**Have you received funding for other projects which are not yet complete?**

YES       NO

Project	Department /Agency	Contact Person	Amount of Funding
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**11. DECLARATION OF APPLICANT****TO THE MINISTER OF FISHERIES AND AQUACULTURE:**

- a) I confirm that the information given in this application is, to the best of my knowledge and ability, complete, true and correct.
- b) I certify that financial assistance from the Fisheries Technology and New Opportunities Program of the Government of Newfoundland and Labrador is a significant factor in the decision to proceed with this project.
- c) I will provide all information required to complete the assessment of this project, and I authorize the Department of Fisheries and Aquaculture to make, as appropriate, any enquiries of such persons, firms or corporations or other government agencies as deemed necessary in order to reach a decision on this application.
- d) I understand that failure to provide information or documentation when requested may result in the automatic rejection of this application for financial assistance.
- e) I certify that the companies, groups, or individuals or any related companies, associates or entities making this application are not in default of debts to the Government of Newfoundland and Labrador.

\_\_\_\_\_  
Name and Title of Authorized Official

\_\_\_\_\_  
Signature of Authorized Official

DATE: \_\_\_\_\_

**Mailing Address:**

***Fisheries Technology and New Opportunities Program***

**Government of Newfoundland and Labrador**

**Department of Fisheries and Aquaculture**

**30 Strawberry Marsh Road**

**St. John's, NL**

**A1B 4J6**

**E-Mail Enquiries**

**E-mail: [FTNOP@gov.nl.ca](mailto:FTNOP@gov.nl.ca)**