
**South Shore Tourism Development Fund**

**Application Form**

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| **CONTACT INFORMATION** |
| Legal Name of Applicant: |
| Contact Name: |
| Mailing Address: |
| Postal Code: Phone Number: |
| E-mail: Fax Number: |
| Business Number: |

|  |
| --- |
| Organization: |
| Type: [ ]  Local or regional government [ ]  Incorporated[ ]  Public sector [ ]  Unincorporated [ ]  Not-for-profit entity [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  For Profit  |
| Mandate: |
| Current/Past Activities: |

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| **PROJECT INFORMATION** |
| Expected Start Date: Expected Completion Date: |
| Title of Project:  |
| Description of Project: |
| Project Objective: |
| Project Benefits: |

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|  **PROPOSED PROJECT BUDGET** |

|  |  |  |
| --- | --- | --- |
| Description of Cost  | Cost ($) | Quotes |
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|   |   |   |
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| **PROPOSED FUNDING SOURCES** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Source  | Amount  | Confirmed  | Pending | Share %  |
|   |   |   |   |   |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name) (Title) (Date)I certify that all information included in this application is accurate to the best of my knowledge. |

Please return completed application and supporting documents to:

Central Development Corporation Ltd.

106 Linkletter Avenue

P.O. Box 3981

Central Bedeque, PE C0B 1G0

Phone: 902-887-3400 / Fax: 902-887-2400

info@centralpei.ca