



KAWARTHA LAKES

Community Futures Development Corporation

**Eastern Ontario Development Program
Collaborative Project
Statement of Interest 2017**

PROJECT TITLE			
PROJECT LEAD		BUSINESS NUMBER	
ADDRESS			
CONTACT PERSON			
TELEPHONE NUMBER		FAX	
E-MAIL ADDRESS			
FUNDING REQUEST		TOTAL PROJECT COST	
DATE			

I hereby certify that the information in this application is a complete and true. I confirm that if any statement I have made herein or in accompanying materials proves to be incorrect in any way, I shall notify KLCFDC immediately. I authorize KLCFDC to retain this application and any associated records and reference reports for KLCFDC 's records and reporting to FedDev Ontario who oversees the Eastern Ontario Development Program. I consent to KLCFDC collecting, using, retaining and disclosing the information contained in this application to FedDev Ontario for the limited purpose of determining my eligibility for funding as is required by law, and by FedDev Ontario. I understand that KLCFDC will handle my personal information in strict confidence in accordance with Federal privacy law.

Authorized By:	
Title:	
Date:	

PROJECT DESCRIPTION: (250 words)

- 1. Please provide an overview of the project, and explain the objectives to be achieved and how this is a new or incremental project.**
- 2. Please explain the economic benefits/value this project will have on the Eastern Ontario communities involved.**
- 3. Please identify clear and measurable targets that will be established to identify the results of the project.**

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PROJECT TIMELINES:

- Identify project activities, methodology / work plan and timelines.
- Identify phases if applicable.

Project Task / Deliverable	Time Frame	Anticipated Results	Method of Measuring Results

(add more lines to the chart as required)

PROJECT BUDGET				
PROJECT COSTS	Total Expenses	Requested Funding from EODP	Income From Other Sources	
			Confirmed	Potential
Contracted service expenses (RFP attached if over \$10,000)				
Program Costs – program related costs such as materials, resources, promotion, transportation (travel pd @\$0.42) please specify				
Capital Costs – please specify				
Totals				

PARTNERSHIPS:	
<ul style="list-style-type: none"> - Identify CONFIRMED organizations that are partnering on the project; their role in the project; financial commitment if applicable. Indicate other organizations / programs that have been approached for funding. 	
ATTACHMENTS	
	Supporting documents demonstrating broad-based regional socio-economic impact. Documents can include Letters of Support and Financial Contributions committed by Project Partners
	Motion from board/resolution from council included if applicable
	Copy of RFP if tendering for goods or services (\$10,000 or above)

OTHER CONSIDERATIONS:

i) Does the project impact the environment? If so, please detail the environmental impact assessment measures which will be used to ensure that the project complies with all environmental requirements of all regulatory bodies having jurisdiction over your organization or over the project.

ii) Describe how the project will address Federal Official Language requirements as required.

Please EMAIL or FAX this completed form to:

EODP Programs Officer

[eodp @klcfdc.com](mailto:eodp@klcfdc.com)

Phone: (705) 328-0261 ext. 27

FAX: (705) 328-3684