

# ISLAND COASTAL ECONOMIC TRUST

## Stage 1 APPLICATION FORM

Please refer to Application Guidelines for an explanation of each section below.

### APPLICANT INFORMATION

Name of Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_

*P.O. Box, Street, Village, Town etc.*

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Incorporation,  
Business/Society No. \_\_\_\_\_ Or other \_\_\_\_\_ Date of Incorp. \_\_\_\_\_

Key Contact Person \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**PROJECT INFORMATION**

- 1. PROJECT NAME**
- 2. PROJECT DESCRIPTION**
- 3. INVESTMENT/SECTOR AREA**

Please specify which area of investment/sector you are applying under. Explain how it is consistent with Strategic Plan.

- A) Forestry
- B) Transportation
- C) Tourism
- D) Mining
- E) Olympic opportunities
- F) Small business
- G) Economic development
- H) Energy
- I) Agriculture (including aquaculture)

Explanation of consistency with Strategic Plan:

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**4. FUNDING AND BUDGET**

Please use Microsoft Excel for financial calculations — you may vary the format below to suit your proposal.

Sources of Funding	\$ Amount	Per Cent
Community/Local government (specify)		
Applicant's equity		
Other funding (specify)		
Other funding (specify)		
In Kind Contributions		
Proposed Request from Island Coastal Economic Trust		
<b>Total Sources of Funding</b>		<b>100%</b>

Project Budget (define categories) Table can be expanded	\$ Amount
<b>Total Project Budget</b>	

**5. TIMELINES**

Identify the projected starting and completion dates, planning phases and key milestones.

**6. COMMUNITY SUPPORT**

Please identify where you will seek community support; if you have letters of support already, please list sources of community support.

**7. PROJECT BENEFITS**

Describe the expected tangible economic benefits.

**8. MANAGEMENT CAPABILITY/ORGANIZATIONAL STRUCTURE**

**9. MARKET ASSESSMENT AND COMPETITIVE IMPACT**

Describe the market the project is seeking to serve. Identify competition and impacts on adjacent communities or in region.

**AUTHORIZATION**

I/we certify that the information provided in this Stage 1 Application Form is to the best of my/our knowledge, complete, true and accurate.

I/we understand that all the information provided in this Application Form is strictly confidential to the Trust, however, I/we agree that the information provided in this Application Form may be shared with the Regional Advisory Committee and Trust technical staff and/or consultants.

I/we also understand that this current request is for funds in excess of present funds available from the Trust. In proceeding to prepare a Stage 1 Application, I/we understand that there is no guarantee that this application will be funded.

I/we also understand that ICET will not be responsible for any costs incurred in the preparation of this application, or any subsequent application for funding from the Trust, and this application is being prepared entirely at my/our own risk and cost.

Signature of Authorized Representative(s) \_\_\_\_\_

Printed Name or Names \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_