

Resource Recovery Fund Board Incorporated

14 Court Street, Suite 305

Truro NS B2N 3H7

Phone (902) 895-RRFB(7732) Fax (902) 897-3256

E-mail: info@rrfb.com

VALUE-ADDED MANUFACTURING APPROVED PROGRAM FUNDING APPLICATION Part A

(PLEASE DO NOT WRITE IN SHADED AREAS)

Application No.	Date Received:
1. Applicant Name:	
Please Check One: Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Company <input type="checkbox"/> Non-Profit <input type="checkbox"/> Public/Private Partnership <input type="checkbox"/> Other <input type="checkbox"/>	
If "Other", please explain:	
2. Primary Contact:	
3. Title:	
4. Address:	
Phone:	Fax:
E-mail:	
5. Authorized Signature:	
6. Project Name:	
7. Total Costs of Proposed Project:	
8. Amount Requested from RRFB:	

Please note that all applications must be accompanied by a certified cheque or money order in the amount of \$200 payable to the Resource Recovery Fund Board, Inc. This processing fee is non-refundable. Non-profit organizations are exempt.

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3) List the areas of the Province to be served by the project.

4) State the population to be served by the project.

5) If applicable, how will the project be integrated with existing solid waste-resource management programs in the area(s) to be served?

6) How will the project be sustained beyond the approved program funding period?

7) How many new jobs will the project create?

8) List any innovative aspects of the project (if applicable).

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9) What is the proposed project implementation schedule?

10) Are there project milestones (2 to 3 only) that could be used to trigger payment of any approved program funding? If so, please list.

11) Does the project require Federal, Provincial and/or Municipal approvals or permits? If so, please provide details.

Applicant Name:	-
Project Name:	

PART C
PROJECT BUDGET SUMMARY

Please complete the following budget summary. To fully explain the project, a detailed budget and business plan must be provided with the Project Description (PART B).

PROJECT COSTS	AMOUNT
Operating Costs	
- Advertising and promotion	
- Contracted services	
- Equipment lease/rent	
- Equipment operation and maintenance	
- Other costs (please specify):	
-	
-	
Capital costs (please specify):	
-	
-	
-	
TOTAL COSTS OF PROPOSED PROJECT	
PROJECT FINANCING	
Projected revenues	
Funding from other sources (please specify):	
-	
-	
-	
Owner/shareholder equity (Minimum of 20%)	
Amount Requested from RRFB	
TOTAL PROJECT FINANCING (Must Equal Total Cost of Project)	

Approved program funding will likely amount to only a percentage of the total costs, with the maximum program contribution not greater than 50% of total costs, unless specifically approved by the RRFB.

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Applicant Name:	
Project Name:	

PART D
CERTIFICATION

I (please print name), _____, HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE:	
POSITION:	
ORGANIZATION:	
DATE:	

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Acknowledgment of Receipt of Application

If you wish to receive an acknowledgment of your application, please fill in the unshaded spaces below. The RRFB will sign and date this page and send it back to you by return mail.

Project Name:	
Applicant Name:	
Address:	
Date Received:	
Signed:	