

Project Information

Date Received:

Name/Title of Project:

Project Location:

Projected Start Date:

Projected Completion Date:

Total Project Cost:

Total GCFDC Contribution for Fiscal:

Requested Payroll Costs (Fiscal):

Included in Total GCFDC Contribution

Requested Training Costs (Fiscal):

Included in Total GCFDC Contribution

Project Work Plan Budget Fiscal year ending:

1. Identify and substantiate the sources and uses of funds required for the project by fiscal year.
Please complete a separate budget for each fiscal year in which funds for the project are requested.
1. Clearly identify the dollar value of your investment in the project (must be at least 50% of eligible costs).
2. GCFDC may contribute up to 50% of eligible costs per project for not-for-profit/public-sector organizations; and up to 50% to a maximum of \$100,000 during the 2014-2018 EODP period for private-sector businesses, all exclusive of HST. Projects that demonstrate one (1) job impacted per \$10,000 in funding will be given priority.
3. A full financial reconciliation will be completed at the end of each fiscal year. Project Surpluses/Deficits will not be carried forward to later project years.
4. If Itemized Costs for Requested Support include Skills Training or Wage Costs, please complete pages 2 and 3 of this form, where appropriate.

Itemized Project Costs	Cost (\$)	Funding Source

Project Costs for Fiscal Year:

EODP Proposed Training Plan

Name	Employee Status	Description of Training	Source		Provider	Purpose, Expected Results (certificate, license, other)	Dates		Training & Material Costs (excl. HST)	Total Misc. Costs (excl. HST)	Total Training Costs (excl. HST)
			Outsourced	In-House			Start Date M/D/YY	End Date M/D/YY			

Total Training Costs:

Impact on Business Growth:

Describe the effect this training will have on the growth/expansion of the business or the economy of the region. Please include the effect on revenue/profit expected to result.

Impact on Sustainable Employment:

Describe the impact that the requested training will have on your workforce, whether other positions will be created within the term of the project as a result, and your expected hiring plan in the coming 2-3 years.

EODP Proposed Wage Costs

Employee Status	Permanent/Temporary	Job Title	Brief Description	Start Date	End Date	Total Hrs	\$/hr	EI/CPP & Other Benefits Employer Share (Total)	Total Cost

Ineligible wage costs: non-project related costs, wages relating to existing operations, and benefit costs that exceed 20% of gross salary.

Total Wage Cost:

Impact on Business Growth:

Describe the effect these positions will have on the growth/expansion of the business or the economy of the region. Please include the effect on revenue/profit expected to result.

Impact on Sustainable Employment:

Describe the impact that the requested hiring will have on your workforce, whether other positions will be created within the term of the project as a result, and your expected hiring plan in the coming 2-3 years.