

Consultant Advisory Services Application Form 2016-18



CAS Participant Information

Business Operating Name:	
Name of Business Owner:	
Legal Bus. Name (If different):	
Mailing Address:	
Telephone:	
Email:	

Form of Organization:

- Corporation Sole proprietorship
 Partnership Other (specify)

Year Business Established:

of Employees:

Have you ever received funding from ACOA? Yes No

Brief description of the CAS Initiative: _____

Type of CAS Initiative:

- | | |
|--|--|
| <input type="checkbox"/> Diagnostic Assessment | <input type="checkbox"/> Market Readiness/Export Potential |
| <input type="checkbox"/> Business Management Development Practices | <input type="checkbox"/> Specific Studies/Business Plans Mentoring |
| <input type="checkbox"/> Access to Capital | <input type="checkbox"/> Aftercare/Mentoring and Follow-up |
| <input type="checkbox"/> Business Coaching | |

Consultant Information

Consultant Company Name:	
Consultant Name:	
E-mail:	
Total Contract Value (\$):	

Project Costs:

Please provide a detailed statement of work from the consultant outlining specific deliverables, cost per hour, total number of hours and a timeline for completion of the project. The Consultant may be reimbursed 75% of the costs of professional fees and associated costs to a maximum of \$5,000 plus applicable HST. The CAS Participant is responsible for the balance of the project costs.

Please attach the following information:

- Profile of your business/organization, including a description of the product or service you offer,
- CAS participant's most recent year-end financial statement,
- Proposal from the Consultant (includes statement of work, resume and company profile).

By signing below I certify that my business/organization is in good standing with the Canada Revenue Agency (CRA) and the Atlantic Canada Opportunities Agency (ACOA). The **Nova Scotia Association of Community Business Development Corporations (NSACBDC)** has received funding for this CAS Initiative from **ACOA**. I authorize the CBDC to share relevant information with these organizations for program monitoring and evaluation purposes.

(CAS Participant's Signature)

Date

Name of CBDC

(CBDC Executive Director Signature)