

Community Economic Grants Application

Return all applications to: waubetek@waubetek.com

The Waubetek Business Development Corporation in partnership with the Ontario Ministry of Aboriginal Affairs is providing funds to support local / regional community economic development initiatives. The project recipient must be a First Nation or an Aboriginal Organization owned and operated by a First Nation(s) within Waubetek's designated service area in Northeastern Ontario.

First Nation or Aboriginal Organization		
Contact Person		
Street Address		
City	Prov.	Postal Code
Bus. Phone	Cell #	
	E-mail address	
BRIEF DESCRIPTION OF THE PROJECT: (IF NECESSARY, ATTACH SEPARATE PAGES)		
CRITERIA (PLEASE CHECK THE BOXES WHICH AP	PLY)	
The project must not create of	on-going dependencies with external pa	rtners.
The project must not be leveraging other Provincial funding.		
The project must be taking pla	ace within Waubetek's designated area	of Northeastern Ontario.
The project must have measurable results specified in a detailed report (ie. job creation, community infrastructure improvement, increased target market awareness, etc.).		ort (ie. job creation, community infrastructure
	blicly acknowledge the Community Ecor	nomic Grant Contribution from Waubetek and
The project must not have be	en previously funded by Waubetek's Co	mmunity Economic Grants program.

APPLICANT INFORMATION:

ELIGIBLITY (PLEASE CHECK ONE OF THE E YOUR PROJECT IN THE SPACE PROVIDED)	ELIGIBLE PROJECT CRITERIA AREAS BELOW & ADD THE TITLE OF:
☐ Project planning activities:	
☐ Research Project:	
☐ Small Scale Capital Project:	
☐ Seminar and / or Workshop:	
☐ Marketing / Promotional Activity:	
☐ Community Tourism Event:	
□ Other:	
PROJECT DATES:	
START DATE:	
COMPLETION DATE:	
PROJECTED COSTS:	
Project Costs:	Source of Financing:
	Applicant:
	Waubetek CEG:
	Other Sources (Please specify):
Total Project Costs	Total Project Financing
DISCLAIMER AND SIGNATURES	
public or private, any information necessary to d I (We) understand that any false information g rejection of this application.	application is true and complete. opment Corporation to obtain from and share with persons or organizations, complete the assessment of the project outlined in this application. eiven in this application and any accompanying materials may result in the syable contribution available to any one community economic development
1) Name & Title of Applicant (Please Print):	
2) Name & Title of Applicant (Please Print):	
1) Authorized Signature	Date
2) Authorized Signature	Date