



Patricia Area Community Endeavours
A Community Futures Development Corporation



Remote Access Technology Intake/Application Form

BUSINESS INFORMATION

Business Name _____

Business number: _____

Business license (if applicable): _____

Main Business Activity/Services/Products:

Owner/Contact person: _____

Address: _____

Phone: _____ **Phone 2:** _____

Email _____

Years in Business: _____

REQUEST

What is your request: _____

Cost

Item1: _____ \$ _____

Item2: _____ \$ _____

Item3: _____ \$ _____

Total \$ _____

(on an annual or one-time basis)

How will this help your business? _____

How will this help create *or* maintain jobs? _____

How many jobs created? _____ **Maintained?** _____

Notes (Program Coordinator): _____

Covid related
 Short term impact
 Long term impact
 Invoices/receipts provided. Date: _____ Initials _____

VENDOR INFORMATION (FOR AUDIT/VERIFICATION)

Name of vendor/service provider: _____

Address (if applicable) _____

Phone: _____ Email _____

INFORMATION SHARING AND PRIVACY ACKNOWLEDGEMENT

The Applicant acknowledges that, as the operation of the Corporation is financially supported by the Government of Canada, representatives of Industry Canada are permitted access to the files of the Corporation for monitoring and evaluation purposes and that the Applicant may be contacted by representatives of Industry Canada and that, such information as is acquired by the Ministry will be treated as confidential.

The Applicant consents to his or her personal and business information being collected, used, retained, and disclosed by the Corporation for the limited purposes as set out above. The Applicant further understands that under Federal privacy law, he or she has access to the information held by the Corporation and knows to refer to the Corporation's Privacy Policy or contact the Chief Privacy Officer if a question or concern arises about the handling of the Applicant's personal information.

Signatures

Applicant: _____ Date: _____

Program Coordinator: _____ Date: _____

Executive Director: _____ Date: _____