

# Entrepreneurial Training Fund Application Form



## Client Information

<b>Business Name:</b>	
Name of Business Owner:	
Mailing Address:	

## Form of Organization:

- Corporation     Sole proprietorship  
 Partnership     Other (specify)

Year Business Established:	
# of Employees:	

**ACOA client:**     Yes    No

**CBDC client:**     Yes    No

The intent of the Entrepreneurial Training Fund (ETF) is to provide necessary resources to enable entrepreneurs to strengthen their overall management, marketing and planning capabilities and develop long-term human resource skills with a primary focus on Business Management Skills within these areas. The Entrepreneurial Training Fund is designed with the basic principal of increasing the Business Management Skills of entrepreneurs.

For that reason Business Management Skills are deemed eligible under this program and due to the limited funding available, technical skill training is not considered eligible under this program.

The ultimate objective of the fund is to improve entrepreneur's business management skills by assisting with the start-up and/or growth of their business in offering them business management skills training.

**Brief description of the Training:** Accounting and bookkeeping for the business (see attached notes)

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## Type of Training:

- Diagnostic Assessment     Business Management     Human Resources  
 Marketing     Finance  
 Other Business Management Skills Development \_\_\_\_\_

## Consultant/Trainer Information

<b>Company Name:</b>	
Consultant Name:	
Mailing Address:	
Telephone:	
Email:	

## Project Costs:

Please provide a detailed statement of work from the consultant/trainer outlining specific deliverables, cost per hour, total number of hours and a timeline for completion of the training/project. The Consultant may be reimbursed 75% of the costs of professional fees to a maximum of \$2,000 (subject to availability of funds). The Applicant is responsible for the balance of the project costs.

## Please attach the following information:

- X Profile of your organization, including a description of the product or service you offer,
- X 3 years recent financial statements (if applicable),
- X Description of your current situation and the proposed activity,

X Proposal from the Consultant/Trainer (includes statement of work and company profile).

Funding for EFT has been provided by the **Atlantic Canada Opportunities Agency (ACOA)**, the **Atlantic Association of Community Business Development Corporations (AACBDC)**, and the **Nova Scotia Association of Community Business Development Corporations (NSACBDC)**. I authorize the CBDC to share my contact information with these organizations for program evaluation purposes.

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(Applicant's Signature)

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Date

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Name of CBDC

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(CBDC Executive Director Signature)