



SOUTH SHORE TOURISM DEVELOPMENT FUND

Application Form

CONTACT INFORMATION	
Legal Name of Applicant:	
Contact Name:	
Mailing Address:	
Postal Code:	Phone Number:
E-mail:	Fax Number:
Business Number:	

Organization:
Type: <input type="checkbox"/> Local or regional government <input type="checkbox"/> Public sector <input type="checkbox"/> Not-for-profit entity <input type="checkbox"/> For Profit <input type="checkbox"/> Incorporated <input type="checkbox"/> Unincorporated <input type="checkbox"/> Other: _____
Mandate:
Current/Past Activities:

PROJECT INFORMATION	
Expected Start Date:	Expected Completion Date:
Title of Project:	
Description of Project:	
Project Objective:	

Project Benefits:

PROPOSED PROJECT BUDGET		
Description of Cost	Cost (\$)	Quotes

PROPOSED FUNDING SOURCES				
Source	Amount	Confirmed	Pending	Share %

_____ (Name) _____ (Title) _____ (Date)

I certify that all information included in this application is accurate to the best of my knowledge.

Please return completed application and supporting documents to:

Central Development Corporation Ltd.
 106 Linkletter Avenue
 P.O. Box 3981
 Central Bedeque, PE C0B 1G0
 Phone: 902-887-3400 / Fax: 902-887-2400
 info@centralpei.ca