

# NOHFC APPLICATION FORM

## Northern Energy Program (Internal Energy Generation)

Applicant Name (exact legal)

Operating As (if applicable)

Entity Type

Date Business Registered/Incorporated and Registration # (if applicable)

Under Laws Of

Mailing Address

Province

Postal Code

Telephone  
( ) -

Fax  
( ) -

E-mail

Project Location

Lead Contact

Project Description (including type of technology and whether technology is proven).

Project Benefits

Start Date

Completion Date



**Notice and Consent to the Collection, Use and Disclosure of Personal Information**

From: \_\_\_\_\_  
*(print name of consenting individual)*

To: Northern Ontario Heritage Fund Corporation ("NOHFC")

Re: \_\_\_\_\_ ("the Applicant")  
*(print name of Applicant)*

Application for funding under the [choose one]

- Enterprise North Job Creation Program
- Emerging Technology Program (Private Sector)
- Northern Energy Program

("the Application")

**Notice:** Collection of personal information on this form is necessary for the proper administration of the Northern Ontario Heritage Fund Corporation's (NOHFC) Northern Energy Program. The personal information collected here may be disclosed to and used by the NOHFC, the Ministry of Northern Development and Mines (MNDM) or their agents or contractors, for purposes of assessing this application. Personal information may be disclosed to and used by other Ontario ministries or federal bodies, which may be consulted as part of the assessment of this application. It will also be disclosed to and used by the NOHFC, MNDM or their agents or contractors for the purposes of administering the Enterprise Northern Energy Program, for assessing client satisfaction and evaluating the program. Your application may be disclosed to and used by the NOHFC, MNDM or their agents or contractors for the purpose of creating communication products about the program, however your personal information will not be included in the communications products created without first obtaining your consent.

The applicant acknowledges the collection, use and disclosure for the purposes noted above, and that he/she may be contacted by NOHFC, MNDM or their agents or contractors with respect to his/her participation in the program to obtain feedback on the process, to assist with improvements and program evaluation. Questions about the collection of this personal information may be addressed to the NOHFC, Financial Officer, 70 Foster Drive, Suite 200, Sault Ste. Marie, Ontario, P6A 6V8, or by phone at 1-800-461-8329

**Required Information:**

**Social Insurance No.:** \_\_\_\_\_  
*(Indicate the consenting individual's SIN)*

**% of ownership:** \_\_\_\_\_  
*(Indicate the % of consenting individual's ownership in Applicant's business)*

**Consent:**

I am a principal (shareholder, director, officer or partner) of the Applicant.  
By signing this consent, I affirm that the personal information about me that is contained in the Application is true.  
I consent to the collection, use and disclosure of my personal information by (i) the Applicant, for purposes of submitting the Application, and (ii) NOHFC or its authorized program administrator ("Administrator"), for the purpose of assessing the Application and administering the program identified above, including obtaining a credit bureau report concerning me and verifying my personal information contained in the Application.  
I consent to NOHFC and Administrator collecting, using, disclosing, verifying, sharing and exchanging credit and other information about me with others, including credit bureaus, banks and other persons and entities with whom I have financial dealings, provided that such collection, use and disclosure is reasonably necessary for the assessment of the Application and administration of the program identified above. I agree to take such steps as may be necessary to authorize my banker(s), accountant, solicitor and insurance agent to disclose to NOHFC and Administrator such information as may be required for the purposes set out above.

\_\_\_\_\_ Signed by: \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_  
*(signature of consenting individual)*

\_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_