NOHFC APPLICATION FORM

Applicant Name (exact legal)					
Operating As (if applicable)					
Type of Legal Entity					
,,,,					
Date Business Registered/Incorporated and Registration # applicable)	(if Under Laws Of				
аррисало					
Mailing Address	Province	Postal Code	_		
Telephone	Fax () -				
E-mail	,		$ \underline{\underline{\alpha}}$ $\underline{\underline{\Omega}}$		
Project Location	Lead Contact				
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Project Description			Northern Energy Program (Energy Conservation)		
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			<u>න</u>		
			3		
Project Benefits					
Troject Benefits					
Start Date	Completion Date				

PROJECT COST SUMMARY							
ACTIVITY			ELIGIBLE COSTS		OTHER COSTS	TOTAL COSTS	
		TOTAL					
SOURCES OF FUNDING	AMOUNT	PER	CENT	F	PURPOSE OF CONTI	RIBUTION	
NOHFC (Requested Amount)							
Applicant Resources							
Other Sources (specify)							
1.							
2.							
3.							
TOTAL							
TOTAL							
As the lead contact and as an authorized signing office of the Applicant, I certify to the Northern Ontario Heritage Fund Corporation (NOHFC) that the information contained in this application, which includes the supporting documentation submitted herewith, is true and complete in all respects. If NOHFC discovers that this application contains a material misrepresentation, this application shall be deemed to be withdrawn immediately by the Applicant.							
The Applicant agrees to provide any additional information that NOHFC or its authorized program administrator may reasonably require for purposes of assessing this application and administering the Program.							
Name							
Organization Position							

Date

Applications must be completed and submitted to:

Northern Ontario Heritage Fund Corporation 70 Foster Drive, Suite 200 Sault Ste. Marie, Ontario P6A 6V8 Telephone: 1-800-461-8329 or 705-945-6700 Fax: 705-945-6701 www.nohfc.com Email: nohfc.ndm@ontario.ca

Signature

Notice an	ia Consent to the	Collection, Use a	nd Disclosure of Personal Information
From:			<u></u>
-	(print name of conser	nting individual)	
То:	Northern Ontario Heri	tage Fund Corporation	("NOHFC")
Re:	(print name of Applica	ant)	("the Applicant")
Application	for funding under the [
		lob Creation Program blogy Program (Private Program	Sector)
("the Applic	ation")		
Freedom of the program this persona Corporation	Information and Prote in identified above and fall information may be a	ction of Privacy Act, R for the other purposes addressed to the Exect	plication is collected pursuant to s. 39(1) of the SO 1990, c.F.31 and will be used to administer set out below. Questions about the collection of utive Director, Northern Ontario Heritage Fund r Drive, Sault Ste. Marie ON P6A 6V8, tel. 1-
Required In	nformation:		
Social Insu	rance No.:		
		(Indicate the conser	nting individual's SIN)
% of owner	rship:	(Indicate the % of co	onsenting individual's ownership in
Consent:		Applicant's busines	
By signing to is true. I consent to purposes of ("Administrate above, include contained in I consent to credit and of entities with reasonably above. I agand insurant	the collection, use and submitting the Applicator"), for the purpose olding obtaining a credit the Application. NOHFC and Administ ther information about whom I have financial necessary for the asserted to take such steps	at the personal informated disclosure of my personal informated disclosure of my personal informated and (ii) NOHFC of assessing the Applicated bureau report concernator collecting, using, me with others, included dealings, provided the assment of the Applicates as may be necessary	of the Applicant. Action about me that is contained in the Application sonal information by (i) the Applicant, for or its authorized program administrator cation and administering the program identified ning me and verifying my personal information disclosing, verifying, sharing and exchanging ing credit bureaus, banks and other persons and at such collection, use and disclosure is tion and administration of the program identified to authorize my banker(s), accountant, solicitor trator such information as may be required for the
		Signed by:	
			(signature of consenting individual)
		Date:	