

REGIONAL DEVELOPMENT CORPORATION		Project Number: _____
		Date Received: _____

**FAMILY AND YOUTH CAPITAL ASSISTANCE PROGRAM (FYCAP)
APPLICATION FORM (2012-2013)**
(Please refer to Fund guidelines)

SECTION I: PARTICULARS OF THE PROJECT

1. Project title: _____ Location of the project: _____
(Town / City / Village)

2. Project description:

3. Total estimated project costs and funding sources (*refer to section IV and VII of the Fund guidelines*):

A) Estimated project costs-excluding taxes (you must attach contractor/supplier estimates):

B) Proposed funding sources:

Building and structures \$ _____
Machinery and equipment \$ _____
Labour \$ _____
Other (specify) \$ _____

Applicant \$ _____
Other government programs \$ _____
(specify) _____
Other (specify) \$ _____

Sub-total (A) \$ _____

Volunteer labour \$ _____ *

Volunteer labour \$ _____ *

Requested FYCAP contribution: \$ _____

TOTAL (A) \$ _____

TOTAL (B) \$ _____

TOTAL (A) MUST BE EQUAL TO TOTAL (B)

***Volunteer labour:**

- The amount under Part (A) must be equal to the amount under Part (B)
- The amount of volunteer labour will be calculated at \$10/hour and **cannot exceed 25%** of the sub-total (A).

4. Estimated start date of the project: _____
5. Estimated completion date of project: _____

SECTION II: BACKGROUND OF THE APPLICANT

6. Legal name of applicant: _____

Check appropriate box: Municipality Local Service District Non-profit Organization

Street Address: _____ Mailing Address (if different): _____

7. Name and title of official to whom inquiries may be directed:
 Mr Ms./Mrs

Name: _____ Title: _____
 Tel (daytime): _____ Fax: _____

SECTION III: AGREEMENT

- a) Project must **not** commence before the applicant receives written notification of approval by the Regional Development Corporation.
- b) The applicant shall allow any authorized representative of the Regional Development Corporation, at its discretion, reasonable access to the project site(s) and information to verify that the project has been undertaken and completed in accordance with the program objectives and guidelines.
- c) This contract may be terminated by the Regional Development Corporation upon written notification.

I CERTIFY THAT THE INFORMATION CONTAINED IN THE APPLICATION IS CORRECT AND I AGREE TO ABIDE BY THE GUIDELINES.

Name of applicant	Signature	Position	Date
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Please forward completed and signed application form to:

Family and Youth Capital Assistance Program
 Regional Development Corporation
 836 Churchill Row, PO Box 428
 Fredericton NB E3B 5R4
 Telephone: (506) 453-2277
 Fax: (506) 453-7988
 Web site: <http://www.gnb.ca/0096/Youth-e.asp>

For direct deposit service, please contact the Corporation for the form.