



AFIF•HRD

Business Skill Development Project

Application Form

NAME OF APPLICANT: _____

CONTACT PERSON: _____

ADDRESS: _____

POSTAL CODE: _____ E-MAIL: _____

PHONE: () _____ FAX: () _____

DATE: _____

If the applicant is a company (or other legal entity), please attach the names and addresses of the officers of the company and ensure that an authorized officer(s) of the company signs this application.

The following information is needed to verify eligibility:

Is the Applicant a Saskatchewan based business? Yes ___ No ___ If yes please check the applicable industry or industries the Applicant is engaged in

- _____ Food processing,
- _____ Agricultural non-food processing,
- _____ Horticultural

BRIEF DESCRIPTION OF
BUSINESS: _____

(Attach most recent business plan if available)



Application Form (continued)

How many people does the Applicant currently employ (use full time equivalents if the Applicant employs part time staff)? _____

Please indicate the annual sales for the most recent fiscal year end of the Applicant's business:

Date of most recent Fiscal Year End: _____

Annual Sales for most recent Fiscal Year: \$_____

(Please attach most recent annual financial statements)

Has the Applicant been in business for at least one year?

Yes ___ No ___

If yes when did the Applicant begin its business _____

I hereby certify that the information given in this Application Form is true, correct, and complete in every respect.

Applicant
Authorized Signature _____ Date _____

For planning purposes:

Preferred Project Start Date: _____

Estimated Completion Date: _____