



Consultant Advisory Services Application

Celebrating 25 Years!

GROW YOUR BUSINESS!

| | | | |
|-----------------------|--|--------|--|
| Business Name: | | | |
| Business Owner(s): | | | |
| Business Description: | | | |
| | | | |
| Office Address: | | | |
| Telephone: | | Email: | |

| | | | |
|-----------------------------------|---|-----------------------------------|---------------------------------------|
| <input type="radio"/> Corporation | <input type="radio"/> Sole Proprietorship | <input type="radio"/> Partnership | <input type="radio"/> Other (specify) |
|-----------------------------------|---|-----------------------------------|---------------------------------------|

| | |
|----------------------------|--|
| Year Business Established: | |
| Number of Employees: | |

| | | |
|--------------|---------------------------|--------------------------|
| ACOA client: | <input type="radio"/> Yes | <input type="radio"/> No |
| MBO client: | <input type="radio"/> Yes | <input type="radio"/> No |

Brief Description of the Project: _____

Type of Project:

| | |
|--|--|
| <input type="radio"/> Diagnostic Assessment | <input type="radio"/> Competitiveness Assessment |
| <input type="radio"/> Business Management Skills Development | <input type="radio"/> Access to Capital |
| <input type="radio"/> Trade Assessment/Export Assessment | |

Consultant Information:

| | | | |
|------------------|--|--------|--|
| Company Name: | | | |
| Consultant Name: | | | |
| Mailing Address: | | | |
| Telephone: | | Email: | |

Project Costs:

Please provide a detailed statement of work from the Consultant outlining specific deliverables, cost per hour, total number of hours and a timeline for completion of the project. The Consultant may be reimbursed 75% of the costs of professional fees to a maximum of \$5,000. The Applicant is responsible for the balance of the project costs.

Additional Information Requirements:

- Profile of your organization, including a description of the product or service you offer.
- 3 years of most recent financial statements.
- Description of your current situation and rationale for the proposed activity.
- Proposal from the Consultant (includes statement of work and company profile).

Funding for CAS has been provided by the **Atlantic Canada Opportunities Agency (ACOA)**, and the **Newfoundland and Labrador Association of Community Business Development Corporations (NLACBDC)**. I authorize MBO to share my contact information with these organizations for program evaluation purposes.

(Applicant's Signature)

Date

Name of Applicant (Print)