



Management Training Support **Application Form**

File # _____

Applicant Business Name:	
Name of Woman Business Owner:	
Mailing Address:	
Telephone:	
Email:	

Form of Organization:

- Corporation Sole proprietorship
 Partnership Other (specify)

Year Business Established:

of Employees:

Gross Annual Revenues:

HST Number:

	Description	Amount
Current Training Requested		
Prior MTSW Assistance Received		

Area of Business Management Skills:

- Strategic Planning Marketing Human Resources Pursuing Broader Opportunities
 Information Management Finance/Accounting Operations for business growth

Type of technology to be acquired: _____

Sector (Please check off appropriate sector and sub-sector from the list on the reverse side of this form):

- Resource _____ Manufacturing _____ Commercial Service _____

Eligible Estimated Costs		Recommended Assistance	
Registration Fees		Registration Fees	
Course Materials		Course Materials	
Other (Please specify):		Other (Please specify):	
*HST:		*HST:	
Total Estimated cost:		Total Estimated cost:	

*HST is not eligible if client business has an HST number.

I certify that the information given is, to the best of my knowledge and ability, complete, true and correct and that this will also apply to all information given in the future in connection with the Management Training Support for Women (MTSW). Funding for the MTSW has been provided through the support of the Atlantic Canada Opportunities Agency's (ACOA) Women in Business Initiative. As such, ACOA representatives are permitted access to the CBDCs MTSW client files for monitoring and evaluation purposes and may contact you as part of the program's evaluation. I authorize the CBDC to share my MTSW file and contact information with ACOA for program evaluation purposes.

(Applicant's Signature)

(Date)



Official Use Is Woman eligible (see guidelines)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Eligibility	Yes	Comments	
A woman or women own at least 50% of the business	<input type="checkbox"/>		
A woman or women have at least 51% or more of operating control	<input type="checkbox"/>		
Currently operating a business or fairly advanced in the process of starting a business in Atlantic Canada	<input type="checkbox"/>		
The trainee is female and is actively involved in the day-to-day running of the business or the establishment of the business	<input type="checkbox"/>		
Not eligible for assistance under other known programs	<input type="checkbox"/>		
Training will have a positive economic impact on applicant's business	<input type="checkbox"/>		
Client demonstrates a long-term commitment to her business	<input type="checkbox"/>		
Rationale for approval or rejection:			
CBDC Officer		Telephone:	
E-mail		Date:	
Approved <input type="checkbox"/>		Rejected <input type="checkbox"/>	
		Date : _____	

Commercial	Resource	Manufacturing
<ul style="list-style-type: none"> • Accommodation • Amusement/Recreation • Architect/Engineer/Scientific • Communications • Computer & Related • Construction • Finance & Insurance • Food & Beverage • Other Business Service • Other Service • Personal & Household • Real Estate • Retail • Storage & Warehousing • Transportation • Utilities • Waste Material Recycling • Wholesale 	<ul style="list-style-type: none"> • Agriculture • Aquaculture • Logging & Forestry • Mining • Trapping 	<ul style="list-style-type: none"> • Beverage, Chemical, • Electrical/Electronic • Fabricated Metal • Fish Processing • Food (excluding fish) • Furniture & Fixtures • Leather Products • Machinery • Non-metallic Mineral Petroleum • Other Manufacturing • Paper Products • Plastic Products • Primary Metal • Printing & Publishing • Rubber Products • Textile & Clothing • Transportation Equipment • Wood

A training outline and quote must accompany the application.

