



# Rural Advisory

## Funding Application Form

Please ensure that you use the [free Adobe Reader](#) program to complete this form.



## APPLICANT AND PROJECT SUMMARY

|                                     |                              |
|-------------------------------------|------------------------------|
| Applicant Organization (Legal Name) | Date Submitted (dd mmm yyyy) |
|                                     |                              |

|                         |        |
|-------------------------|--------|
| Key Contact Information |        |
| Name:                   | Phone: |
| Title:                  | Email: |

|                                               |                                                 |
|-----------------------------------------------|-------------------------------------------------|
| Funding Stream                                |                                                 |
| <input type="radio"/> Community-based Advisor | <input type="radio"/> Regional Business Advisor |

|                                    |                                                |                                |
|------------------------------------|------------------------------------------------|--------------------------------|
| Rural Advisory Position Type       |                                                |                                |
| <input type="radio"/> New Position | <input type="radio"/> Expanded Position        |                                |
| <input type="radio"/> Full-time    | <input type="radio"/> Part-time (min. 0.5 FTE) | <input type="radio"/> Contract |
| Start Date                         | End Date                                       | Advisor Term (# of months)     |

|                                                                               |                                                                   |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Sector and Business Engagement                                                |                                                                   |
| Priority sectors to engage and support with advisory services are as follows: | We will engage at least the following number of local businesses: |

**Executive Summary** *Please provide a summary of the proposed project and work priorities.*

**Recent Forest Sector Economic Impacts** *How has your community/region been impacted, or is expected to be impacted, by forestry policy changes, mill closures, or curtailments?*

**Recruitment and Diversity, Equity, and Inclusion (DEI) Plans** *Please summarize your organization's recruitment plan for the Advisory position and outline your organization's DEI processes (provide links if available).*

## WORK PLAN SUMMARY

**Key Project Objectives** *Please identify three objectives that are specific, measurable, attainable, relevant, and time-bound.*

1.

2.

3.

**Advisory Services** *Please select the following services that the Advisor will provide.*

- ☐ Direct one-on-one advisory services to local rural businesses and community organizations.
- ☐ Support the implementation of economic recovery and diversification strategies.
- ☐ Support communities in developing applications for funding programs including those within the [Forestry Working and Community Supports programs](#).
- ☐ Provide access to specialized professional services (accounting, legal, human resources, technical expertise, grant writing, etc.) to local businesses and community organizations.

**Professional Services** *Please indicate the specialized professional services the Advisor will either directly offer, or will facilitate for local businesses and community organizations to access during the project:*

- |                                                            |                                                               |
|------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Financial Management or Financing | <input type="checkbox"/> Business Valuation and/or Transition |
| <input type="checkbox"/> Business Strategy                 | <input type="checkbox"/> Grant Writing                        |
| <input type="checkbox"/> Human Resources                   | <input type="checkbox"/> E-commerce or Digital Technology     |
| <input type="checkbox"/> Legal                             | <input type="checkbox"/> Sales and Marketing                  |
| <input type="checkbox"/> Other (please describe):          |                                                               |

**Professional Services** *Please describe the specific services the Advisor and your organization will provide to local businesses and the community during the project.*

Note: Regional Business Advisors will be available to support Community-based Advisors to provide or facilitate access to specialized professional services for local businesses.

**Service Area** *Please provide the communities and/or region the advisor will provide services to.*

**Economic Diversification** *How will the advisor directly support businesses and communities to strengthen and diversify the local/regional economy?*

**Community Economic Development Priorities** *How do project activities directly support an existing community or regional economic development strategy or strategic plan?*

## PROJECT BUDGET SUMMARY

Applicants may apply for staff wages to a maximum of \$70,000 per organization for Community-based Advisors and up to a maximum of \$100,000 for Regional Business Advisors. Only new staff positions or increased hours for an existing part-time position are eligible. Applicants are encouraged to secure or invest additional funds to support the Advisory position and the work plan.

| Funding Source(s):                                          | Status: | Amount: |
|-------------------------------------------------------------|---------|---------|
| Island Coastal Economic Trust                               | Pending | \$      |
|                                                             |         | \$      |
|                                                             |         | \$      |
| Total Project Funding:                                      |         | \$ 0    |
| Project Expenditures                                        |         |         |
| Salary including mandatory employment-related costs (MERCs) |         | \$      |
| Travel and meeting expenditures                             |         | \$      |
|                                                             |         | \$      |
|                                                             |         | \$      |
|                                                             |         | \$      |
| Total Project Expenditures                                  |         | \$ 0    |

## REQUIRED DOCUMENTS

Ensure that each of the following documents are attached to complete your funding application:

|                          |                                                                             |
|--------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> | Recruitment Plan for the Advisor position.                                  |
| <input type="checkbox"/> | Job Description for the Advisor position.                                   |
| <input type="checkbox"/> | Work Plan using the Rural Advisor Work Plan template provided by the Trust. |

## AUTHORIZATION

- ☐ I have read and understand the Rural Advisory Application Guide including the program's eligible and ineligible costs.
- ☐ I confirm that the information in this application is accurate and complete, including attachments.
- ☐ I agree that once funding is approved, any change to the project proposal will require prior approval of Island Coastal Economic Trust.
- ☐ I understand that the information provided in this application may be accessible under the Freedom of Information and Protection of Privacy Act (FIPPA).
- ☐ I authorize Island Coastal Economic Trust to make enquiries of such persons or organizations operating in the project's field of activities, as Island Coastal Economic Trust deems necessary to reach a decision on this application.
- ☐ I agree that that information provided in this application form may be shared with the appropriate regional advisory committee(s), board of directors, and consultants.
- ☐ If approved for funding, I agree to fill the position and provide a copy of the signed employment agreement, prior to starting employment and within 90 days of approval.
- ☐ If approved for funding, I agree to submit bi-annual reports within 15 days of the reporting term end date using the Bi-Annual Reporting Form and required attachments.
- ☐ If approved for funding, I agree to submit a final report within 30 days of the employee's end date using the Rural Advisory Reporting Form and required attachments

By entering my name here electronically, I authorize all of the above for this application:

| Name (Organization Signing Authority) | Title | Date (dd mmm yyyy) |
|---------------------------------------|-------|--------------------|
|                                       |       |                    |

***Thank you for applying to the Rural Advisory Program.***

***Island Coastal Economic Trust gratefully acknowledges the financial support of the Province of British Columbia through the Ministry of Jobs, Economic Development and Innovation.***