Application for Technical Assistance Support
CANADIAN WORKER CO-OPERATIVE FEDERATION

Name of Co-op (or Proposed name of Co-op, if known):

Is the co-op incorporated yet?   Yes   No*

*If not yet incorporated, list of proponents (provide names of the group, use reverse side if necessary)

Name of Primary Contact Person:

Address:

Telephone: Email:

Website:

Social Media (LinkedIn, Instagram, Facebook….):

Name of Co-op Developers' Network developer or other consultant who has been asked to carry out the work (Please provide a short bio of qualifications about your selected Developer/consultant:

Brief description of the business / the business concept:

Is this a conversion of an existing business to a co-op?   Yes   No

If so, brief history & description of the existing business:

Estimate the expected number of full-time equivalent employees at start-up / conversion:

Location and/or geographic region of business activity:

Type of co-op:

>   Worker Co-op
>   Multi-stakeholder Co-op with worker member class

List at least 2 references (with title, phone number and email address) for the Co-op if incorporated; or for the contact person and other proponent(s). Also note to which proponent each reference relates:

Proposed work to be carried out by the co-operative developer or other consultant:

Specific Outcomes / Deliverables of the work:

What is the proposed timeline including start and end dates for the project?

Start Date:

End Date:

Project Budget (Please include only the amounts directly related to the scope of work as proposed for the project for which you are requesting a grant):

Sources of Reveue	Amount $	Confirmed (yes / no)
Amount requested from CWCF		NO
Total Revenue		

Expenses	Amount Cash
Total Expenses	

Name of contact person:

Date: Signature of contact person:

Approved by the Canadian Worker Cooperative Federation.

Operations and Member Services Manager Signature:

Please return completed form to Kaye Grant, *communications@canadianworker.coop*