

[Also available in French; *aussi disponible en français.*]

## 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)

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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:

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Brief description of the business / the business concept:

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

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

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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:

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

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Specific Outcomes /Deliverables of the work:

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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 Revenue | Amount \$ | Confirmed (yes / 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](mailto:communications@canadianworker.coop)