

Nova Scotia Forestry Innovation Transition Trust Application for funding—individuals

Project number
(for official use)

To be completed by individuals making application for retraining or training funding.

Complete all sections as accurately as possible. The FITT secretariat office will only consider applications that have been completed in full.

A) Applicant Profile

Full legal name of applicant: _____

Mailing address: _____

City/town

Province

Postal code

Telephone cell number: _____ Email address: _____

B) Description of Training Program

1) Educational institution: _____

2) Name of training program: _____

3) Name of degree or certification granted upon completion of training program: _____

4) Location of training program: _____

5) Briefly describe the training program:

Note: Only training programs related to forestry or biological resources sectors will be considered for funding.

6) Length of training program (months): _____

7) Estimated total eligible program costs (excluding HST):
Note: Eligible program costs include tuition, school fees, books, and required supplies. \$ _____

8) Amount of eligible program costs requested: \$ _____

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9) Are you currently receiving other funding related to the training program? Yes No

10) Have you sought assistance from any provincial or federal program for the training program? Yes No

11) If yes to 10 above, provide details:

12) Estimated start date of program (yyyy/mm/dd): ____/____/____

13) Estimated completion date (yyyy/mm/dd): ____/____/____

C) Employment History

Provide details on your employment for the 24 months prior to the date of this application.

Note, to be eligible for funding, you must be currently employed in the forestry sector in Nova Scotia or have been employed in the sector at any time in the two years preceding this application.

Employer	Employer city/town	Dates of employment
Contact person	Contact telephone no.	Job title

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D) Consent and Certification

1. I understand the information I have entered here and on all attached documents, as well as any other information collected by or on behalf of the Nova Scotia Forestry Innovation Transition Trust (FITT) to process this application for grants and contributions, is collected in accordance with the FITT trust indenture.
2. I understand that the Trustees are the independent administrators of the FITT. The Trustees may appoint advisors or advisory groups, committees, or bodies to assist in reviewing the information I have submitted.
3. I acknowledge that the Freedom of Information and Protection of Privacy Act applies to the information collected through this application.
4. I acknowledge that the information collected through this application may be disclosed to departments or agencies of the provincial or federal governments for the purpose of administering FITT. I understand that personal information will not be used for administrative purposes at any time during the processing of this application; it is used solely to support my application. Information collected may also be used for policy analysis, research and/or evaluation, promotion and communication purposes. I further understand that failure to provide all requested information may result in my application not being considered.
5. I acknowledge that projects for which an application for funding is made will be assessed for compliance with applicable provincial and federal laws and regulations.
6. I certify that the information provided here is, to the best of my knowledge and ability, complete, true, and correct, and that all information I provide in the future in connection with the assessment of this application will also be complete, true, and correct. Furthermore, I will promptly notify FITT if any of the information changes.
7. I acknowledge that FITT may contact any person listed in this application to inquire about me/my application. I authorize FITT to make any inquiries required.
8. I consent to FITT using of the information supplied here for determining funding approval, policy analysis, research and/or evaluation, as well as promotion and communication of FITT.
9. I acknowledge that I will be required to execute a contribution agreement as a condition of receiving funds from the FITT.

I have read and understood the above. I voluntarily consent to the collection, use, and disclosure of information as described.

Signature of applicant: _____ Signed at (location): _____

Print name and title of applicant: _____

On this _____ day of _____, 20_____

(Please keep a signed copy of this form for your records.)

Contact Information and Submission Instructions

Program inquiries and application may be directed to the Forestry Innovation Transition Trust Secretariat at FITT@novascotia.ca

Completed application forms may be submitted via email to FITT@novascotia.ca

Please note that due to COVID-19 related precautions, physical copies of applications and supporting documentation will not be accepted.