

CERTIFIED ORGANIC ASSOCIATIONS OF BRITISH COLUMBIA

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COABC Research Fund Application Form

1. Date of application:	Office use only Date Received: Application number:	
2. Name of Applicant: (person or entity)	3. Contact person for this application:	
Mailing address:		
4. Applicant Telephone, Fax, email:	5. Start date:	6. Completion Date:
7. Signing officer for this project (include tel.):	8. Total Project Value:	9. Amount requested from COABC:
10. Project Title:		
11. Applicant background information: (Note that this is intended to provide a general overview of your organization, group or business; an introduction to you)		

12. Project Description (describe your project in detail):

13. Objectives: (What do you expect to achieve through this project? What are the overarching purposes of the project?)

14. Project Communication (how will let other people know about the results of your project?)

15. Budget (what will your project cost?)

	Activity/deliverable	Time Frame	Cash Cost
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
	Total		

16. Source of Project Contributions (How are you going to pay for the project? The total in this section should match the total in section 18)

Other Sources (applicant funds or government funds or other funds)	Confirmed? Y or N	Total
Subtotal other sources		
COABC request		
Total		