

BUSINESS PLANNING COURSE APPLICATION



"A federal-provincial-territorial initiative"

Funding for this project has been provided by the BC Ministry of Agriculture and Agriculture and Agri-Food Canada through Growing Forward 2, a federal-provincial-territorial initiative.

COURSE INFORMATION

Course date and Location:
How did you hear about the course:

APPLICANT INFORMATION

Full Legal Name and Title:

Date of birth: Email: Phone:

Address:

City: Province: Postal Code:

BUSINESS INFORMATION

Name of Business (if applicable):

Business address: Business start date:

Phone: E-mail: Website:

City: Province: Postal Code:

Incorporation Partnership Sole proprietorship

Names of any other owners:

a) Existing Business: What product(s) are you making?

b) Business 'to-be': What product(s) are you thinking of making?

a) Existing Business

Please list any local BC agricultural product(s) that you use in production:

b) Are there any product(s) you wish to procure from BC but cannot find? If so, what are they?

c) Business 'to-be'

Please list any local BC agricultural product(s) that you are thinking of using in your production:

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What areas of your business do you find challenging? (i.e. finance, operations, marketing, etc.)

Other information:

METHOD OF PAYMENT

Fee: \$105 (\$100 per person, plus GST)

Preferred method of payment: Interac e-transfer: Please email: rita@partnersforgrowth.ca

Email Money Transfer: <http://www.interac.ca/en/interac-etransfer/etransfer-detail>

When you complete the Interac E-transfer, we ask that you kindly:

- Send us the answer to the security question in a separate email
- Send us a pdf copy of the transaction receipt (this is for our accounting purposes)

FACILITATOR CONTACT INFORMATION

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Rita Kim
CEO Partners for Growth Advisory Services Inc.



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VERIFICATION

I verify that the information provided is true and correct.
Please sign and scan this application back to: rita@partnersforgrowth.ca
Subject line: **Agri-Food Business Planning Course: Venue/Date**

Signature of applicant:

Date:

Method of payment:

Date of payment: