

APPLICATION FORM

	APPLICATION	INFORMATION		
NAME OF INDIVIDUAL SUBMITTING APPLICATIO	N			
ENTITY / ASSOCIATION				
List all supporting partners funding or providing materials, good or services to this project below:				
PROJECT ANTICIPATED START DATE		PROJECT ANTICIPATED END DATE		
1. Provide a concise summary of the nature of the proposed project.				
2. What safety need is being addressed by the proposed project?				
3. What is the potential severity of this safety issue?				
 What regulation/ policy does the project address? (i.e. WorkSafeBC OHS Regulations 11.4) List as many regulations or legislative requirements as applicable. 				



5. Does the project link to other initiatives? (i.e. WorkSafeBC's High-Risk Strategy)

6. What segments/ subsectors of forestry would benefit from this project?

7. How was the need identified?

8. What are the specific WorkSafeBC statistics relative to this project? Please provide if any.

9. How would the outcomes of the project be best distributed and marketed?

10. What goal(s) does this project address in the <u>BCFSC Strategic Plan</u>?



11. Provide a detailed budget. Include a contingency (if any), draws & disbursements, duration & schedule for the project.			
DETAILED BUDGET			
CONTINGENCY (if any)			
DRAWS			
DISBURSEMENTS			
PROJECT DURATION			
PROJECT SCHEDULE			

Download and save this document. Once complete, email to <u>Rob Moonen</u> | CEO, BC Forest Safety Council