



AGE-WELL Opportunity Fund – APPLICATION FORM

Complete and submit this form to: **startups@agewell-nce.ca**

Name of Company or Entrepreneur: _____

What is your technology, product or service (in one sentence):

What amount are you requesting (maximum of \$2000)?

Please describe the activity for which you are requesting funds (max 50 words)

How do you justify your ask? What will this funding help you accomplish? Being specific will strengthen your application. For example, describe potential customers at the tradeshow you wish to attend, how your company may benefit etc. (max 200 words)

Item	Projected Cost	Time period during which expenses will be incurred*

***Must be within no more than 4 months of award notification**