



Document	<b>CSCC Council Special Project Application</b>
Category	<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Terms of Reference <input type="checkbox"/> Discussion Draft <input type="checkbox"/> Working Document <input type="checkbox"/> Legal/Organization
Dates	Last Updated: _____ Last Approved: _____ Schedule for Next Review: _____
Responsibility	<input type="checkbox"/> Education & Scientific Affairs <input type="checkbox"/> Professional Affairs <input type="checkbox"/> Public Outreach <input type="checkbox"/> Publications <input checked="" type="checkbox"/> General Council Affairs <input type="checkbox"/> Head Office <input type="checkbox"/> Executive Committee <input type="checkbox"/> Committee/SIG/Other: _____
History	



## CSCC SPECIAL PROJECT APPLICATION

### BUSINESS PLAN

Complete the cover sheet and attach your responses to items #1 - #4  
*Please complete all sections of the Business Plan*

**Application for:** \_\_\_\_\_  
name of project

#### Applicant(s)

Name of Project Leader \_\_\_\_\_

Other Members of Team \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Division for this Project

ESADivision

PADivision

PBDivision

PODivision

International Affairs

Council Affairs

Signature \_\_\_\_\_ Date \_\_\_\_\_

1. **Proposed Concept**  
*Brief description of goals, objectives, and time frame of the project.*
- 1.1 **Goals:**
- 1.2 **Objectives:**
- 1.3 **Time Frame:**
2. **Target Market**  
*Who will use the product or service, eg. members-non-members, segment of the membership, benefits to CSCC & to members.*
3. **Management & Delivery**
  - 3.1 **Administration**  
*Who will administer the program? Specify roles of members and of Head Office.*
  - 3.2 *How will it be administered? Specify roles of members and of Head Office.*
  - 3.3 **Set-up**  
Facilities:  
Equipment:  
Manpower: (members and Head Office)  
Materials:
  - 3.4 **On-going**  
Facilities:  
Equipment:  
Manpower: (members and Head Office)  
Materials:
4. **Financial Projections/Required Investment**
  - 4.1 **Costs and Revenues**  
Start-up cost:  
Start-up revenues:  
On-going costs:  
On-going revenues:
  - 4.2 **Timing of Cash Requirements:**  
  
Month /year \_\_\_\_\_ \$ Amount \_\_\_\_\_
  - 4.3 **Proposed Sources of Required Funding:**  
  
Source \_\_\_\_\_ \$ Amount \_\_\_\_\_