



**PROVINCE OF
BRITISH COLUMBIA**

NOTES TO COST SHARING APPLICATION

Toll Free: 1-800-665-6597
Phone: (250) 952-0136
Fax: (250) 952-0371
Email: InvestmentCapital@gov.bc.ca

Freedom of Information and Protection of Privacy Act (FIPPA) The information collected on this form is collected under the authority of the **Employee Investment Act, RSBC 1996 c. 112** (Act), and is subject to the provisions of the FIPPA. The personal information will be used for the administration of the Act and the issuance of tax credits. For more information regarding this form and the FIPPA please contact the **Venture Capital Tax Credit Program, Box 9800 Stn Prov Govt, Victoria, B.C. V8W 9W1**

Cost Sharing: See Section 28 of the Act, and Section 18 of the Regulation.

Offences: See Section 42 of the Act.

Third Part Liability: See Section 32 of the Act.

This form and all attachments must be mailed or couriered directly to the following address:

Attention: Administrator
Venture Capital Tax Credit Program
Employee Share Ownership Program
PO Box 9800, Stn Prov Govt
Victoria, British Columbia V8W 9W1

Toll Free: 1-800-665-6597
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The information in this Application will be used to determine the entitlement of a corporation to a cost sharing reimbursement under the *Employee Investment Act*. **Original invoice(s) or certified true copies** must be attached to this Application. Please complete all boxes.

SECTION 1 TO BE COMPLETED BY DIRECTOR OR OFFICER OF THE CORPORATION/CERTIFIED EMPLOYEE GROUP		
Corporation Name	ESOP/EVCC No.	Total No. of Employees
Name of Certified Employee Group	Contact Name	Contact Phone No.
Mailing Address	Costs paid with respect to proposed or existing plan <input type="checkbox"/> Negotiation <input type="checkbox"/> Evaluation <input type="checkbox"/> Implementation	

SECTION 2 LIST OF OUTLAYS AND EXPENSES		
Name or Professional Advisor, Designation	Description of Services	Amount Paid (net of PST and GST)
		\$
Total		\$
Total Costs		Cost Sharing
Total eligible costs as provided in Section 18 of the Regulation (excluding PST and GST)		50% of the total cost or \$2,500 whichever is less (excluding PST and GST)
\$		\$

SECTION 3 CERTIFICATION			
<p>I have read sections 32 and 42 of the <i>Employee Investment Act</i>, and I understand that it is an offense and that it may expose me to personal liability to make a false or misleading statement in this Cost Sharing Application.</p> <p>I certify that I am a Director or Officer of the Corporation/Certified Employee Group duly authorized to execute this Application, and to the best of my knowledge all statements made and information provided in this Application and attachments are true, correct, and complete. I further understand that the Administrator of the <i>Employee Investment Act</i> may approve only one Cost Sharing Application for the Corporation/Certified Employee Group during any calendar year. No other person or corporation has paid or agreed to pay any portion of the total costs.</p>			
Date	Position	Print Name	Signature

SECTION 4 GOVERNMENT USE			
Portfolio Manager	Date Received	Date Reviewed	Administrator