

# PROPOSAL FOR: COVID-19 BUSINESS SUPPORT Business Continuity



Regional  
Business  
Partner  
Network

Date **[INSERT DATE]**

CLIENT PROPOSAL BRIEF  
SUPPORT

COVID-19 BUSINESS

[SERVICE PROVIDER NOTE: PLEASE USE THIS PROPOSAL TEMPLATE WHEN APPLYING FOR COVID-19 RBPN CAPABILITY DEVELOPMENT CO-FUNDING].

## SERVICE PROVIDER INFORMATION

SERVICE PROVIDER: (NAME REG. WITH RBPN)	JO BLOGGS LTD	PRIMARY CONTACT:	JO BLOGGS
PHONE:	09 390 XXXX	EMAIL:	JO.BLOGGS@GMAIL.COM

## REGIONAL BUSINESS PARTNER NETWORK MARKETPLACE PROGRAMME/EVENT

RBPN Training or Coaching Event  
Name:

[INSERT NAME OF YOUR RBPN COVID-19 REGISTERED SERVICE HERE]

## covid-19

Legal Entity (Business name):	[INSERT BUSINESS]	Primary Contact:	[INSERT CLIENT FULL NAME]
Phone:	[INSERT PH. NUMBER.]	Address:	[INSERT SHORT ADDRESS]

## BRIEF PROJECT SCOPE / DESCRIPTION

[INSERT DESCRIPTION OF SERVICE HERE]

## TIME FRAME

[NOTE: please advise whether this is a one day program or delivered over a given timeframe]

Proposed Start Date:	[INSERT START DATE]	Approx. Length of Engagement:	e.g. 1 month
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## TOTAL COST (EX GST)

Cost (\$): \$XXXX

NOTE: If this is a customized program based on an hourly or daily rate, please outline how this cost has been calculated. (E.g. 10 hrs @ \$xxx/hr. or 6 monthly meetings @ \$xxx/meeting).

Cost Calculation E.G. 10HR x \$xxx/hr

## EXPECTED LEARNING OUTCOMES

1.

2.

3.

4.