ACOA's "SEED Capital Program" – SEED Capital and Counselling Program
Learning Plan Summary

Client Name: _____

Address: _____

Phone Number: _____

Delivery Partner: _____

Counsellor: _____

Description of Training / Counselling **Supplier Name, Contact Person, Tel #**	**# of Hours**	**Cost $**	**Date Completed**	**Supplier Paid √**	**Cumulative Cost (Max $2,000)**