

Application for Assistance

Specify

Small and Medium-sized Enterprise Fund (Term/Equity)	<input type="checkbox"/>
Business and Market Development Program	<input type="checkbox"/>
Shellfish Aquaculture Working Capital Fund	<input type="checkbox"/>
Economic Diversification and Growth Enterprises Program	<input type="checkbox"/>
Fish Plant Workers Employment Assistance Program	<input type="checkbox"/>
Commercialization Program	<input type="checkbox"/>
OceanTech Smart Growth	<input type="checkbox"/>
Workplace Skills Enhancement Program	<input type="checkbox"/>

Instructions:

- Submit a signed, completed original application to the office of Innovation, Trade and Rural Development (IBRD) in your area. Retain a copy for your records.
- A business plan is required to support your application
- If the information provided is not sufficient to complete an assessment, additional information may be requested by your IBRD representative.

1. Applicant Identification			
Legal Name of Applicant:			
Operating Name, if different:		Residential Phone Number	
Key Contact:		Fax #:	
Business Phone:		Email Address:	
Mailing Address:		Web Site:	
		Location of Project:	
		CRA Business #, If Applicable	

2. Form of Organization	3. Industry Sector	4. Purpose of Funding
Corporation <input type="checkbox"/> To Be Incorporated <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Cooperative <input type="checkbox"/> Not for Profit <input type="checkbox"/>	Manufacturing or Processing <input type="checkbox"/> Resource Sector (Specify) <input type="checkbox"/> _____ Tourism <input type="checkbox"/> Export Services <input type="checkbox"/> Information and Communications <input type="checkbox"/> Technology <input type="checkbox"/> Ocean Technology <input type="checkbox"/> Other (Specify) <input type="checkbox"/> _____	Startup <input type="checkbox"/> Modernization/expansion <input type="checkbox"/> Working Capital <input type="checkbox"/> Marketing <input type="checkbox"/> Pre-Commercialization <input type="checkbox"/> Activities <input type="checkbox"/> Human Resources Dev. <input type="checkbox"/> Other (Specify) <input type="checkbox"/> _____

5. Environmental	
Is this project subject to environmental review?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Explain	

6. List Affiliated /Associated Companies

7. Employment *(Not applicable to the Commercialization Program)			
Job Categories	Total Employment Prior to Funding	New Jobs Created	Jobs Maintained
Permanent Full Time			
Permanent Part Time			
Seasonal			

8. Project Costs		9. Proposed Financing	
Land and Improvements		Applicant's Investment	
Building and Structures		IBRD Term/Equity	
Machinery and Equipment		IBRD BMDP	
Leasehold Improvements		IBRD Comm	
Other Capital Costs		IBRD - WSEP	
Marketing		OceanTech Smart Growth	
Working Capital		Research and Development Corporation	
Wages and MERC		ACOA	
Skills Development		Bank	
		Other	
Total:		Total:	

10. Identify applicant's Existing Debt with Government. Include all outstanding amounts due to Provincial Government including amounts owing by affiliated / associated companies. If additional space is required, please provide on a separate sheet.

Identify Department/Agency/Entity	Key Government Contact	Amount Outstanding

11. Applicant's Professional References

	Name of Firm or Agency	Contact Person	Telephone #
Financial Institution			
Accountant			
Lawyer			

12. Privacy and Confidentiality Notice	
Please check each box below to indicate you have read and understand this Notice.	
	We will only use the personal information collected or provided as part of this application process for purposes directly related to the operation of the relevant programs and for statistical reports.
	Information you provide us with in confidence, both personal and business-related, will be kept confidential unless <ul style="list-style-type: none"> • you approve its release, or • we are required or authorized by laws such as the <i>Access to Information and Protection of Privacy (ATIPP) Act</i> to release it.
If you have questions regarding privacy and confidentiality, contact the Access and Privacy Coordinator, Department of Innovation, Business and Rural Development, phone 729-4819 or email IBRD@gov.nl.ca	

13. Applicant's Declaration / Consent and Disclosure	
To: The Department of Innovation, Business and Rural Development (IBRD)	
<p>a) I confirm that the information given in this application is, to the best of my knowledge and ability, complete, true and correct. I acknowledge that failure not to disclose relevant information may result in cancellation of this application by IBRD.</p> <p>b) I certify that financial assistance from IBRD is a significant factor in the decision to proceed with this project.</p> <p>c) I certify that neither the applicant, affiliated/associated companies nor its officers are involved in any litigation, or in any proceedings before any government board, agency or tribunal which have not been disclosed in writing as an attachment to this application.</p> <p>d) I will provide all information required by IBRD to complete the assessment of this project. I authorize IBRD to make any inquiries of such persons, firms, corporations and shareholders or other government agencies as it deems necessary in order to reach a decision on this application. I agree that credit reports may be obtained from Dun and Bradstreet, Trans Union and other creditors in order to seek credit status.</p> <p>e) I certify that all debts owing to Provincial Government Departments and/or it's agencies, by the applicant and its affiliated/associated companies and shareholders have been disclosed in this application, including any amounts settled or written off by the applicant, its affiliated/associated companies and its shareholders in the last six years.</p> <p>f) I will instruct the existing lenders as indicated above to provide IBRD with full information concerning my (the applicant's) operating and financial position. I further authorize IBRD to discuss fully my (the applicant's) affairs with the lenders.</p> <p>g) I authorize IBRD to access, at any reasonable time, the site and premises of the facility described in this application.</p> <p>h) I confirm that, if this application is approved, legal documentation may be requested including but not limited to By-Laws, Certificate of Good Standing, Certificate of Secretary under seal for current shareholders/directors or unanimous shareholder consent, Unanimous Shareholders' Agreement, Demand Note, General Security Agreement and/or property or other mortgage documentation.</p> <p>The Applicant hereby agrees that should an "Offer of Financing" result from this application, that offer shall include an agreement to make public the financing amount and name of the recipient together with the purpose and other information pertaining to employment created.</p>	
_____	_____
Signature of Authorized Signing Officer	Title
_____	Date: ____ / ____ / ____
Print name of authorized signing officer	DD MM YY

14 a. Information to be Provided in Support of Your Application (See section 14 b for BMDP, FPWEAP, and WSEP)

A Business Plan is required to support your signed application form and should include the following information:

History / Description:

- A history and description of the business including products manufactured or services rendered.

Project Costs:

- Supporting documentation on major items to be purchased/built, e.g. cost quotations, labour quotes, floor plans, etc.

Market Data:

- Explain your current market position and identify your projected market (i.e., size, location) outlining any increases in market share anticipated as a result of this project. Identify your competitors and where they are located.

Management / Ownership / Affiliated Companies:

- Outline management structure, a short history of shareholders, résumés of key personnel, relevant experience, and remuneration.
- Full disclosure of corporate shareholdings for all Companies owned, controlled or effectively controlled by the applicant or its shareholders.

Financial Information:

Existing Business:

- Attach financial statements for the current and previous two years of operation and the most recent interim statements. If a proprietorship, please include recent and previous 2 years personal income tax returns. Provide two year projected financial statements including Balance Sheets, Profit and Loss and Cash Flow Statements with detailed assumptions supporting revenue forecasts.

New Business:

- Attach copy of projected Opening Balance Sheet and 2 year projected Profit and Loss, Balance Sheet and Cash Flow Statements with detailed assumptions supporting revenue forecasts.

Environmental:

- elaborate on any potential requirements. In addition, if an application requires the use or purchase of land and/or buildings, the applicant will be required to sign a "Contamination Warranty".

The Projects Innovative and Technical Merit

- (Commercialization Program Only)

Other:

- Copy of Articles of Incorporation, if applicable. '1
- Personal Net Worth Statement for all shareholders.
- Provide any supplementary information that may be relevant to your operation.

An assessment of your project will not commence until the business plan and all required documentation is received to the satisfaction of IBRD. The written position of relevant government departments will be requested where applicable.

14 b. The following is required ONLY for the Business Market Development Program, the Fish Plant Workers Employment Assistance Program, and the Workplace Skills Enhancement Program

A Business Plan, incorporating the listed information, is required to support your signed application form. Otherwise, the following information is required:

History / Description:

- A history and description of the business including products manufactured or services rendered and benefits of the project.

Project Costs:

- Cost quotations and supporting documentation for project expenses to be incurred.

Market Data:

- Explain your current market position and identify your projected market (i.e., size, location) outlining any increases in market share anticipated as a result of this project. Identify your competitors and where they are located.

Management / Ownership:

- Outline management structure, a short history of shareholders and relevant experience of key management personnel.

Operations

- Identify any existing human resource skills gaps and explain how these limit productivity, global competitiveness, and/or business expansion.
- If applying for WSEP skills development, include a needs assessment and training plan (guidelines available from IBRD)

Financial Information:

Existing Business

- Most recent financial statements or Statement of Business Activities with projections accompanied by a projected Cash Flow Statement.

New Business

- Income Statements with a Cash Flow Statement and an Opening Balance Sheet, covering the next two years.

Other:

- In addition to the above, the IBRD may request other information as required.

Note: A guideline for preparing a business plan can be obtained through your local IBRD office. The extent of information required will be dependent on the complexity and size of the business, project or activity. For larger, more complex projects a more detailed Business Plan, a Feasibility Study and/or Marketing Study may be required. Your IBRD representative will advise you in this regard.

15. Contact Information**15a. Sector Contact Information for Commercialization Program Only**

Sector	Phone	Fax
Life Sciences	729-0695	729-5124
Aerospace and Defense	729-2367	729-5124
Ocean Technology	729-0680	729-5124
Manufacturing	729-6223	729-5124
Other Sectors	729-1619/2685	729-5124

15b. Regional Office Contact Information

Region	Mailing Address	Phone Number	Fax Number
Avalon	28 Pippy Place, St. John's NL. A1B 3X4	(709) 729 7017	(709) 729-7135
Central	Second Floor, Fraser Mall, 230 Airport Boulevard, P.O. Box 2222 Gander NL. A1V 2N9	(709) 256 1480	(709) 256-1490
Eastern	221B Memorial Drive Clareville, NL A5A 1R3	(709) 466 4170	(709) 466-1306
Labrador	2 Hillcrest Road P.O. Box 3014, Station B Happy Valley-Goose Bay Labrador NL. AOP 1E0	(709) 896 2400	(709) 896-0234
Western	2 Herald Avenue, P. O. Box 2006 Corner Brook, NL. A2H 6J8	(709) 637 2976	(709) 639-7713