

Export Growth Program Application

To complete the form, download to your computer and type in the requested information in the white fields. .
 For additional information, please refer to the Export Growth Program Guidelines and FAQs.

General Information

Business Name:	
Business Identification Number (Nova Scotia Registry of Joint Stocks):	
Mailing Address:	
County	
Project Contact Person:	
Title:	
Telephone:	
Mobile:	
E-mail Address:	
Website:	
Social Media Account(s) (Facebook, Twitter, LinkedIn):	

Industry Sectors: Check all that apply

Aerospace + Defence	Finance + Insurance
Agri-food	Fish + Seafood Processing
Agro Processing	Forest Products
Advanced Manufacturing	Information + Technology
Aviation and Aviation Services	Life Sciences
Business Services	Manufacturing and Processing
Chemicals + Plastics	Mining + Mineral Products
Clothing + Textiles	Oceans Technology
Cosmetics and Toiletries	Oil and Gas
Creative Industries	Travel + Accommodation
Energy	Transportation Equipment
Engineering + Professional	Transportation + Logistics
Food Processing Industries	Other

Other, please specify: _____

Primary NAICS* (North American Industry Classification System) Code: _____

*For more NAICS definitions, go to <http://www23.statcan.gc.ca/imdb/p3VD.pl?Function=getVD&TVD=118464>

Business Information

The following questions are based on your business' fiscal-year.

What year was your business established (YYYY)?	
Do you operate as the Nova Scotia subsidiary of an international business? If yes, please explain	Yes No
What is your fiscal year end date?	
Total number of Full Time Equivalent (FTEs)*:	
Total sales: (\$ CAD for your last fiscal year)	
Total sales outside Nova Scotia: (\$ CAD for your last fiscal year)	
Provide details of other funding (federal, provincial, and municipal) that you have received or applied for as it relates to projects outlined in this application. (\$ CAD amounts and sources).	

*** FTE= Full Time Equivalent. An FTE is the equivalent of one person working full time:**

7.5 hrs. /day X 5 days/week X 52 weeks/year = 2000 hours/year

Number of Full Time Equivalent Employees (FTEs) = Total Hours/2000

Total Hours = the total number of hours worked by all employees for your fiscal year (can be found in your payroll system)

Examples:

- 1 person working full time = 1 FTE
- 2 people each working 4 hours per day, 5 days per week = 1 FTE

Tips:

- FTEs does NOT mean number of employees.
- An FTE value stays the same over time (except when you adjust your usual staffing pattern). Do not multiply it by days, weeks, or months.

How to Do It:

If you know your total number of labour hours for one year: Divide by 2000. This is your FTEs.

Example:

Your department's total labour hours as reported to payroll for Jan.-Dec. 2015 were 13,104.

13,104 ÷ 2000 = 6.3 FTEs.

Section I – Understanding Your Business and Your Export Plan

This section is used to help us gain an understanding of your business and your business' export plan.

Understanding your business:

Provide a brief description of your business and the products or services it offers.

Export Growth Program Application

The following information will help us understand your business' export plan. Please outline below:

The products and services you plan to market and modifications, if any, that must be made to adapt them to the target market(s).

Your business' target market (s) and supporting research.

Customers for each market and what marketing and distribution channels used to to reach them.

Challenges in the target market (s) - competition, cultural differences, import controls, intellectual property status, certifications, etc. - and how these will be overcome.

The strategy you intend to use to succeed in the market, including timelines.

Staff and business resources dedicated to exporting (financial resources and staff numbers).

Your planned expansion, if any, inclusive of projected increase in the number of staff / FTE (s) in Nova Scotia.

Expected outcomes in the target market (s).

Section II – Export Experience

The following questions are used to determine the amount of experience your business has in exporting.

My business sells a product, service or technology outside of Nova Scotia	Yes	No
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If YES, check all regions that apply and complete the table based on your responses.

	Nationally (within Canada). Please identify which province(s)	Internationally (outside of Canada). Please identify which country(ies).
What market(s) do you sell your product/service? <i>List all locations</i>		
How many years has your business been exporting to each market?		
What is the % of your business' annual revenue generated from export activity?		

Section III – Understanding the Required Assistance

The Export Growth Program provides opportunities to receive financial assistance for a number of different projects to achieve the goals of your market growth plan. This section will help us better understand the types of activities to which you are applying for financial assistance.

Please refer to the Export Growth Program Guidelines and FAQ for more information.

Travel to Market / Trade Show Costs:			
	Project 1	Project 2	Project 3
Travel Destinations			
Name of trade show/ conference			
Target client (s)			
Travel Dates			

Travel to Market / Trade Show Costs:			
	Project 1	Project 2	Project 3
Names and titles of those incurring travel expenses and their role. (Maximum of two representatives.)			
In detail, please describe your planned activities as they relate to the project and how the project will support the overall objectives outlined in the export plan.			

Travel to Market / Trade Show Costs:			
	Project 1	Project 2	Project 3
How many times has your business traveled to this market in the past? Please provide date (s).			
How many times has your business attended this trade show / conference in the past? If applicable.			
If you have attended this trade show / conference in the past, please list the date (s) and outline the results. If applicable.			

Export Growth Program Application

Budget Estimate (\$ CAD, before taxes)	Project 1	Project 2	Project 3
Total floor space cost			
Conference fees (maximum of two representatives)			
Economy airfare (total cost - maximum of two representatives)			
Accommodations (total cost - maximum of two representatives)			
Ground transportation in-market (total cost - maximum of two representatives)			
Translation/interpretation fees			
Total eligible costs			

Travel to Market / Trade Show Costs:			
	Project 4	Project 5	Project 6
Travel Destinations			
Name of trade show/ conference			
Target client (s)			
Travel Dates			

Travel to Market / Trade Show Costs:			
	Project 4	Project 5	Project 6
Names and titles of those incurring travel expenses and their role. (Maximum of two representatives.)			
In detail, please describe your planned activities as they relate to the project and how the project will support the overall objectives outlined in the export plan.			

Travel to Market / Trade Show Costs:			
	Project 4	Project 5	Project 6
How many times has your business traveled to this market in the past? Please provide date (s).			
How many times has your business attended this trade show / conference in the past? If applicable.			
If you have attended this trade show / conference in the past, please list the date (s) and outline the results. If applicable.			

Export Growth Program Application

Budget Estimate (\$ CAD, before taxes)	Project 4	Project 5	Project 6
Total floor space cost			
Conference fees (maximum of two representatives)			
Economy airfare (total cost - maximum of two representatives)			
Accommodations (total cost - maximum of two representatives)			
Ground transportation in-market (total cost - maximum of two representatives)			
Translation/interpretation fees			
Total eligible costs			

Budget Summary:	CAD \$
Project 1:	
Project 2:	
Project 3:	
Project 4:	
Project 5:	
Project 6:	
Sub Total	
50% of Sub-Total (Eligible Costs)	

Section IV – Intended Project Outcomes

Please check only those outcomes that apply to your project(s). This section of the application is designed to provide us with an understanding of the intended project outcomes and linkage to the program criteria.

The project will result in:

Increased sales or revenue in a market outside of Nova Scotia. <i>If yes, please explain.</i>	
Entering a new market outside of Nova Scotia. <i>If yes, please explain.</i>	
Accessing new suppliers outside of Nova Scotia. <i>If yes, please explain.</i>	
Participating in a global value and/or supply chain. <i>If yes, please explain.</i>	
Increased investment in the business. <i>If yes, please explain.</i>	
Increased productivity. <i>If yes, please explain.</i>	
Understanding the requirements needed (<i>i.e. certifications</i>) to enter a specific market outside of Nova Scotia. <i>If yes, please explain.</i>	
A joint venture, technology transfer and/or an innovation partnership. <i>If yes, please explain.</i>	

Section V – Business Standing

Are there outstanding or pending claims / litigation against the business? If yes, please explain or attach as a separate sheet.	Yes	No

Application Checklist

Have the following sections been completed?

Section I – Understanding Your Business and Your Export Plan	Yes
Section II – Export Experience	Yes
Section III – Understanding the Required Assistance	Yes
Section IV – Intended Project Outcomes	Yes
Section V – Business Standing	Yes

Authorization

On behalf of the business identified above, I hereby submit the application for the Export Growth Program. I **certify** that I am an authorized officer of the business and that the information provided in this application and its attachments is true and correct to the best of my knowledge and belief. I **agree** to comply with the terms stated in the program guidelines, including reporting requirements.

I **acknowledge** and **agree** to allow Nova Scotia Business Inc. or a designate to make any enquiries of such persons, firms, corporations, and federal and provincial government agencies/departments required to collect and to share information with them, including personal information as defined in the Freedom of Information and Protection of Privacy Act, as Nova Scotia Business Inc. deems necessary, in order to reach a decision on this application; to administer and monitor the implementation of the subject project; and to evaluate the results of the project and this program after project completion. I hereby waive confidentiality of such information and agree that its collection and disclosure will not be the basis of any liability, claim or order against Nova Scotia Business Inc.

Should the business be a successful applicant, on behalf of the business, I hereby **give** Nova Scotia Business Inc. permission to release the name of the business and funding amount in any form and through any media for purposes of marketing this program.

By signing below, you consent to Nova Scotia Business Inc. releasing your contact information to any third party service providers retained for the purposes of evaluation of the program. This consent is valid whether your application is successful or not. You agree to being contacted by any such third party service providers and will cooperate with them in the collection of information for evaluation of the program. You further agree to release Nova Scotia Business Inc. and its staff from any claims, causes of action, suits, actions and liabilities of every nature and kind whatsoever arising from, as a result of or in any way related to the aforementioned authorized release of contact information and subsequent collection and use of information. If you do not consent to the disclosure of your contact information, you cannot participate in this application.

I authorize, certify, and agree to all the terms above.

Authorized Officer Name:	
Job Title:	
Signature:	
Date (MM/DD/YYYY):	

Return by email:

Export Growth Program

Email: egp@nsbi.ca

Return by mail:

Nova Scotia Business Inc.

Export Growth Program

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