

Small Business Development Program Application

Please refer to the *Small Business Development Program Guidelines and FAQs* for information on completing this form.

General Information

Business Name:	
Business Identification Number (Nova Scotia Registry of Joint Stocks):	
Business Mailing Address:	
Civic Address of Project Location:	
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

What year was your business established (MM/YYYY)?	
Do you operate as a Nova Scotia subsidiary of an international company? If yes, please explain below.	Yes No
What is your business' fiscal year end date (MM/DD/YYYY)?	
Total sales: (\$ CAD for your last fiscal year)	
Total total sales outside Nova Scotia (\$ CAD for your last fiscal year):	

Total Capital Investment in previous three years:			
	Last year	Two years ago	Three years ago

Total number of Full Time Equivalent (FTEs) employed in Nova Scotia*:	
Are you a first time applicant to the Small Business Development Program?	Yes No
Provide details of other government funding (federal, provincial and municipal) that you have received or applied for as it relates to projects outlined in this application.	

***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 worked per year / 2000hrs
 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 3.75 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 company's total labour hours as reported to payroll for Jan.-Dec. 2015 were **13,104**.
13,104 ÷ 2000 = 6.3 FTEs.

**Each employee should only be accounted for once.*

Section I – Understanding Your Business and Your Export Plan

This section is used to help us gain an understanding of your business.

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

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 staff / FTE in Nova Scotia.

Expected outcomes in the target market (s).

Section II – Understanding Your Project

For your application to be considered complete, please provide the following information. This section of the application is designed to provide us with a comprehensive understanding of your project.

What is the total project cost? (\$ CAD)	
Understanding your project: <i>Outline below the nature and scope of the project to be undertaken including the timeframe for completion.</i>	

Please describe below in the applicable categories the anticipated improvements related to the proposed project. Please **quantify** the improvements where possible.

Will the proposed project provide information that will enable your business to become a new exporter, increase export sales, and/or enter a new market?	Yes No
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If yes, please describe how this is linked to your export plan:

Will the proposed project Improve productivity and/or efficiency to a level that is required to ensure your business is competitive in the international market place?	Yes No
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If yes, please describe how this is linked to your export plan:

Will the proposed project improve your business' capacity and/or capabilities to provide products and/or services to markets outside of Nova Scotia?	Yes No
If yes, please describe how this is linked to your export plan:	
Will the proposed project improve your business' ability to participate in global value and/or supply chains?	Yes No
If yes, please describe how this is linked to your export plan:	

Section III – Consultant and Cost

Please provide the following information about the Consultant you propose to retain for the project.

Consultant Business Name:	
Consultant Business Identification Number (Nova Scotia Registry of Joint Stocks):	
Consultant Mailing Address:	
Consultant's Name:	
Title:	
Telephone:	
Mobile:	
E-mail Address:	
Website:	
Social Media Account(s):	
Project Costs: (\$ CAD)	

Please attach the Consultant's profile and proposal which includes a detailed project cost breakdown, deliverables, and completion date.

Section IV – Business Standing

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

Application Checklist

Have the following sections been completed?

General Information	Yes
Business Information	Yes
Section I – Understanding Your Business and Your Export Plan	Yes
Section II – Understanding Your Project	Yes
Section III – Consultant and Cost	Yes
Section IIII – Business Standing	Yes

Authorization

On behalf of the business identified above, I hereby submit the application for the Small Business Development 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 or mail to respective Regional Nova Scotia Business Inc. office as outlined in Section 9c of the Small Business Development Program Guidelines.