

## APPLICATION FORM SOUTHERN CALIFORNIA OCEAN MARKET READINESS PROGRAM

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*Note: Fields below denoted with an asterisk (\*) are only required to be completed by companies based in Nova Scotia.*

### GENERAL INFORMATION:

Business Name <i>(Legal registered name if Incorporated):</i>	
Business Name <i>(Operating As):</i>	
Contact Person for Application <i>(Name):</i>	
Title:	
Phone:	
Email:	
Business Identification Number: <i>(Nine-digit number Canada Revenue Agency assigns for tax matters related to business in Canada)</i>	
Business Identification Number: <i>(Nova Scotia Registry of Joint Stocks)*</i>	
Fiscal year end date <i>(dd/mm/yyyy):</i>	
Business Civic Address:	
Year Established:	
Business Mailing Address: <i>(if different than Civic Address)</i>	
Province:	
Other Office Locations: <i>(in Canada and Global)</i>	
Business Website:	
Number of Employees: <i>(Please include full-time, part-time and contract employees)</i>	

## 1. TEAM INFORMATION

If your company is accepted, who is going to participate in the program and what will their roles be in your expansion into the Southern California market? *(We require a minimum 2 people from your company to participate in the program. At least one person needs to have strategic responsibility for the company - not just transactional).* Please provide name, title, and contact information. *(200 word limit)*

## 2. FINANCIAL INFORMATION

What is your business model *(how do you generate revenues)?* *(200 word limit)*

Note: The NSBI Requested Annual Client Data fields below denoted with an asterisk (\*) are only required to be completed by companies based in Nova Scotia.

	Total:	Total from outside NS*:
Total Projected Revenue - 2021:		
Total revenue - 2020: <i>(estimated if necessary)</i>		
Total revenue - 2019:		
	Last fiscal year:	Two years ago:
Total number of Nova Scotia Full Time Equivalent (FTEs)*:		
NS Payroll <i>(in \$CAD)*</i> :		
NS Capital Investment:* <i>(ex. buildings, equipment, etc.)</i>		
NS BERD Expense* Total R&D Expenditures: <i>(as per line 103 on CRA form T2 SCH 340 E)*</i>		
Are there any outstanding/pending claims or litigations against your company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Total funding raised to date <i>(in CAD\$)</i> , from all sources? <i>(loans, venture capital, government programs, etc.)</i>		
Describe your main source(s) of funding <i>(include source and total received)</i> . <i>(200 word limit)</i>		
Are you currently raising funds <i>(or plan to do so this year)</i> ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you are currently raising funds, please indicate what type of funding and the amount that you are seeking:		
Are you a recipient of CanExport funding? <i>(Trade Commissioner Service)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Last fiscal year:	Two years ago:
Number of countries currently exporting to:		

What are your company's existing primary export markets?

### **ACTIVITIES IN THE U.S.**

Please describe your company's value proposition for the California market and your company's competitive advantage in the market. Mention the products/services you feel have most potential in the California market and why. (200 word limit)

Do you anticipate any challenges in entering this market (e.g. global pandemic, economic, distracted market, virtual market entry/servicing the market, competition, cultural differences, import controls, intellectual property status, product modifications, certifications, regulatory, legal, financial, etc.) and how will these be overcome? (200 word limit)

Who are your main competitors operating in the U.S. market? (200 word limit)

There are many different types of opportunities in this market. What goals are you planning to achieve by participating in this program? Please include anticipated sales growth in your answer. (200 word limit)

## DIVERSITY AND INCLUSION

One of the priorities of the Government of Canada is the pursuit of diversified, modern and inclusive trade. The selection committee encourages businesses owned or operated by under-represented groups (*including women, BIPOC - black, indigenous and people of color - and LGBTQ+ entrepreneurs*) to apply for the Southern California Ocean Market Readiness Program. The selection committee, which will be comprised of representatives from each of the Program Partners and will include diverse individuals with knowledge of ocean technology, will view ownership or leadership by under-represented groups as an asset in the selection of participants for this Program.

Is your company women-owned or led?  
(Select all that apply)

- Fully or partially women-owned
- Fully or partially led by women
- Does not apply

Please provide details: (ex. number of women owners and their respective ownership percentages, C-suite positions occupied by women):

<p>Is your company BIPOC-owned or led?  <i>(Select all that apply)</i></p>	<p><input type="checkbox"/> Fully or partially BIPOC-owned</p> <p><input type="checkbox"/> Fully or partially led by BIPOC entrepreneurs</p> <p><input type="checkbox"/> Does not apply</p>
<p>Please provide details: <i>(ex. number of BIPOC owners and their respective ownership percentages, C-suite positions occupied by BIPOC members of the team)</i></p>	
<p>Is your company LGBTQ+-owned or led?  <i>(Select all that apply)</i></p>	<p><input type="checkbox"/> Fully or partially LGBTQ+-owned</p> <p><input type="checkbox"/> Fully or partially LGBTQ led by LGBTQ entrepreneurs</p> <p><input type="checkbox"/> Does not apply</p>
<p>Please provide details: <i>(ex. number of LBGTQ+ owners and their respective ownership percentages, C-suite positions occupied by LBGTQ+ team members)</i></p>	

## AUTHORIZATION

On behalf of the applicant business, I hereby submit the application for the Southern California Ocean Market Readiness Program (the "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 and requirements to be in compliance with the laws of Nova Scotia and Canada, including but not limited to the *Income Tax Act* (Canada), the *Environment Act* (Nova Scotia), the *Occupational Health and Safety Act* (Nova Scotia), and the *Labour Standards Code* (Nova Scotia), as well as the *Accountability in Economic Development Assistance Act* (Nova Scotia), if applicable. I **authorize** Nova Scotia Business Inc. or its 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 business information and 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 Activities; and to evaluate the results of the Activities and this Program after the Activities are completed. I acknowledge the requirements of the *Personal Information International Disclosure Protection Act* (Nova Scotia) and also **authorize** Nova Scotia Business Inc. or its designate to provide any business or personal information deemed necessary to the Program Partners even if outside Canada. 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 the assistance in any form and through any media for purposes of marketing this Program. By signing below, I **consent** to Nova Scotia Business Inc. releasing the business contact information to any third-party service providers retained for the purposes of evaluation of the Program. This consent is valid whether the application is successful or not. On behalf of the business, I agree to being contacted by any such third-party service provider and will cooperate with them in the collection of information for evaluation of the Program. Annually, for two (2) years following the completion of the Activities under the Program, the business shall participate in NSBI's corporate data collection process. NSBI may request data on the impact of the Program to the business including, but not limited to, sales, cost reductions, productivity improvements, enhanced competitiveness, increased profits, improved product quality, payroll and other factors which NSBI considers relevant. Failure to participate in the data collection process within the given timeline may impact the business's future funding or assistance and application eligibility with NSBI. I 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 I do not consent to the disclosure of contact information, I understand that I cannot participate in this application nor can the business apply.

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

Authorized Officer Name:  
(Please type your name)

Title:

Applicant's Signature:  
(You can use "View->Tools->Fill & Sign" to upload or generate your signature.)

Date (dd/mm/yyyy):