



APPLICATION FOR FINANCIAL ASSISTANCE

PROTECTED WHEN COMPLETED

CONFIDENTIALITY: The Applicant understands that the information provided may be accessible under the Access to Information Act. No commercially confidential information which you submit to us will be disclosed unless otherwise authorized by you; required to be released by law; or required by the Minister of Industry to be released to an international or internal trade panel for the purposes of the conduct of a dispute in which Canada is a party or a third party intervener. Information on the federal government's [Access to Information Act](#).

Any information that you wish to be considered as confidential should be annotated accordingly.

APPLICANT AND CONTACT INFORMATION												
1. LEGAL NAME OF APPLICANT:		OPERATING NAME OF APPLICANT, IF DIFFERENT:										
2. MAILING ADDRESS:												
COUNTRY:	PROVINCE:	CITY:	POSTAL CODE:									
BUSINESS TELEPHONE NUMBER: ()	FAX NUMBER: ()	E-MAIL:	WEBSITE:									
3. LAST NAME OF PERSON WHO WILL BE THE AUTHORIZED CONTACT:		FIRST NAME:										
TITLE:												
BUSINESS TELEPHONE NUMBER: ()	EXTENSION	MOBILE TELEPHONE NUMBER: ()	FAX NUMBER: ()									
EMAIL:	IS THIS PERSON AN AUTHORIZED SIGNING OFFICER OF THE APPLICANT? <input type="checkbox"/> Yes <input type="checkbox"/> No											
4. PROVIDE DESCRIPTION OF YOUR ORGANIZATION OR BUSINESS AND ITS MANDATE:												
5. DATE OF INCORPORATION OR REGISTRATION (YYYY-MM-DD)		APPLICANT BUSINESS NUMBER (9 DIGIT BUSINESS IDENTIFIER PROVIDED BY CANADA REVENUE AGENCY):										
		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
6. TYPE OF LEGAL ENTITY:												
<input type="checkbox"/> CORPORATION <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> NOT-FOR-PROFIT ORGANIZATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> MUNICIPALITY OR OTHER GOVERNMENT ENTITY <input type="checkbox"/> INDIGENOUS ORGANIZATION OR CORPORATION <input type="checkbox"/> OTHER (SPECIFY):												
7. OFFICIAL LANGUAGE PREFERRED FOR CORRESPONDANCE		<input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH										
8. PROVIDE THE NAME AND CONTACT INFORMATION OF THE BANK/FINANCIAL INSTITUTION ACOA MAY CONTACT TO INQUIRE ABOUT THE APPLICANT.												
INSTITUTION:	CITY/TOWN:	CONTACT PERSON:	TELEPHONE NUMBER:									
DESCRIBE AVAILABLE CREDIT:												



PROJECT INFORMATION				
1. PROJECT NAME:				
2. PROJECT LOCATION (STREET, UNIT NUMBER, ETC.):				
COUNTRY:	PROVINCE:	CITY:	POSTAL CODE:	
3. ESTIMATED START DATE OF PROJECT (YYYY/MM/DD)	/	/	ESTIMATED COMPLETION DATE:	/ /
4. ESTIMATED TOTAL PROJECT COSTS	\$			
5. AMOUNT REQUESTED FROM THE ATLANTIC CANADA OPPORTUNITIES AGENCY (ACOA):	\$			
6. HAS THE APPLICANT RECEIVED ASSISTANCE FROM ACOA PREVIOUSLY?	YES		NO	
	<input type="checkbox"/>		<input type="checkbox"/>	
7. HAS THE APPLICANT MADE ANY FINANCIAL OR LEGAL COMMITMENTS FOR THE PROJECT?	YES		NO	
	<input type="checkbox"/>		<input type="checkbox"/>	
8. IF YES, PROVIDE DETAILS :				
9. PROVIDE A DESCRIPTION OF THE PROJECT AND THE KEY ACTIVITIES TO BE UNDERTAKEN:				
10. DESCRIBE THE MEASURABLE ECONOMIC BENEFITS OF THE PROJECT:				
<p>It is the responsibility of the applicant to complete all required sections as accurately and as completely as possible. Failure to do so may preclude the Atlantic Canada Opportunities Agency (ACOA) from considering the application.</p> <p>ACOA has adopted service standards with respect to its response time for processing a duly completed application. For further information, please consult our website at www.acoa-apeca.gc.ca.</p>				
<i>PROGRAM (FOR OFFICIAL USE)</i>				
BUSINESS DEVELOPMENT PROGRAM	INNOVATIVE COMMUNITIES FUND	ATLANTIC INNOVATION FUND	REGIONAL ECONOMIC GROWTH THROUGH INNOVATION	OTHER PROGRAMS



REQUIRED INFORMATION AND DOCUMENTS (Please check the ones that are attached to this application.)

COMMERCIAL APPLICANTS

- INCORPORATION DOCUMENTS AND INFORMATION ON OWNERSHIP (NAMES AND PERCENTAGE OF OWNERSHIP)
- FINANCIAL STATEMENTS (CURRENT AND LAST TWO YEARS)
- RESEARCH AND DEVELOPMENT (R&D) PROJECT PLAN, BUSINESS PLAN AND/OR MARKETING PLAN
- SUPPLIER QUOTES
- COPIES OF RELEVANT PERMITS AND LICENCES
- OTHER RELEVANT DOCUMENTS (SPECIFY):

YES	N/A
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Further guidance about the information required can be found on our website at www.acoa-apeca.gc.ca.

NOT-FOR-PROFIT AND OTHER APPLICANTS

- CONSTITUTING / INCORPORATING DOCUMENTS AND LIST OF DIRECTORS/MEMBERS OF THE BOARD
- FINANCIAL STATEMENTS (CURRENT AND LAST FISCAL YEAR)
- DESCRIPTION AND MANDATE OF THE APPLICANT, INCLUDING THE MANAGEMENT AND QUALIFICATIONS OF KEY PERSONNEL
- HST REBATE INFORMATION (I.E. REBATE RATE)
- ONE OF THE FOLLOWING TWO ITEMS IS REQUIRED:**
- RESEARCH AND DEVELOPMENT (R&D) PROJECT PLAN
- OR**
- DETAILED PROJECT DESCRIPTION, INCLUDING MILESTONES, COSTS, FINANCING, KEY PARTNERSHIPS ESTABLISHED AND EVIDENCE OF SUPPORT FROM THE COMMUNITY
- SUPPLIER QUOTES
- COPIES OF RELEVANT PERMITS AND LICENCES
- OTHER RELEVANT DOCUMENTS (SPECIFY):

YES	N/A
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

IMPORTANT NOTICE:

ACOA may require further information about the applicant to fulfill requirements. ACOA may also need to obtain consent to collect personal information from officials associated with the applicant. Failure to provide these, if requested, may preclude ACOA from finalizing the assessment of the application.

DISCLOSURES

- 1) ENVIRONMENT**
IS THE APPLICANT CURRENTLY OPERATING IN CONFORMITY WITH ENVIRONMENTAL LEGISLATION?
WILL THE PROPOSED PROJECT CONFORM TO ENVIRONMENTAL LEGISLATION?
- 2) DUTY TO CONSULT**
ARE THERE ABORIGINAL GROUPS OR COMMUNITIES IN OR NEAR THE PROJECT AREA?
COULD THE PROJECT POTENTIALLY IMPACT NEARBY ABORIGINAL GROUPS OR COMMUNITIES?
- 3) LITIGATION**
IS THE APPLICANT INVOLVED IN ANY LITIGATION, LEGAL ACTION, SUIT OR CLAIM PENDING, UNDER WAY OR LOOMING, OR ARE THERE ANY PROCEEDINGS BEFORE ANY COURT, TRIBUNAL, GOVERNMENT BOARD OR AGENCY?
ARE THERE ANY JUDGMENTS OUTSTANDING AGAINST THE APPLICANT?
- 4) MATERIAL CONTRACTS**
IS THE APPLICANT IN DEFAULT UNDER ANY SIGNIFICANT CONTRACT OR ANY FINANCING ARRANGEMENT?
- 5) TAXES**
IS THE APPLICANT IN ARREARS IN THE PAYMENT OF ANY INCOME, BUSINESS OR PROPERTY TAXES, SALES TAXES, PAYROLL DEDUCTIONS, ETC.?
- 6) OTHER GOVERNMENT FUNDING**
HAS THE APPLICANT RECEIVED, OR SOUGHT, ANY OTHER GOVERNMENT FUNDING FOR THIS PROJECT?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

IF YOU ANSWERED "NO" TO QUESTION 1 OR "YES" TO ANY OTHER QUESTION, PLEASE PROVIDE DETAILS:



CONSENT AND CERTIFICATION

- 1) The information entered here and on all attached documents, as well as any other information collected by or on behalf of the Atlantic Canada Opportunities Agency (ACOA) to process applications for grants and contributions, is collected pursuant to the [Atlantic Canada Opportunities Agency Act](#) and the [Financial Administration Act](#).
- 2) There is no obligation to provide the requested information but failure to do so may prevent ACOA from considering the application.
- 3) Projects for which an application for government funding is made are subject to an environmental screening and must comply with the environmental guidelines set out in the [Canadian Environmental Assessment Act 2012](#). A representative from Public Works and Government Services Canada may contact you to discuss the project.
- 4) The names of successful applicants, the amount of funding approved and a description of the project are included in public records and disclosed on ACOA's website in accordance with the government's proactive disclosure practices.
- 5) ACOA may contact any person listed in this application to inquire about the applicant.
- 6) I certify that the information provided is, to the best of my knowledge and ability, complete, true and correct, and that this will apply to all information provided in the future in connection with the assessment of the project. Furthermore, I will promptly notify ACOA if any of the information changes.
- 7) I certify that financial assistance from ACOA is a significant factor in the decision to proceed with this project.
- 8) I authorize ACOA to make any inquiries required, including obtaining corporate and business information about the applicant, to assess this application.
- 9) I authorize ACOA to make these inquiries of persons, firms, corporations, federal and provincial government departments, agencies, authorities, institutions and non-profit economic development organizations, and consent to the collection of information.
- 10) I consent to the sharing of the information collected with other federal and provincial departments and agencies for the administration of the grants and contributions programs.
- 11) I consent to the use of the information for policy analysis, research and/or evaluation of ACOA programs.
- 12) The applicant agrees to comply with [Official Languages Act](#), where applicable, depending on the nature of the project and the targeted clientele.
- 13) I have the authority to submit this application on behalf of the applicants and evidence of this authority will be provided on request.

I have read and understood the above Consent and Certification. I voluntarily consent to the collection, use and disclosure of information as described, make the certification as stated and authorize the actions indicated.

(Please keep a signed copy of this form for your records.)

SIGNATURE OF AUTHORIZED OFFICIAL

SIGNED AT (LOCATION): _____

PRINT NAME AND TITLE OF AUTHORIZED OFFICIAL

ON THIS _____ DAY OF _____, 20____

ATLANTIC CANADA OPPORTUNITIES AGENCY (ACOA) REGIONAL OFFICES

ACOA – NEW BRUNSWICK OFFICE

570 Queen Street, P.O. Box 578, Fredericton, New Brunswick E3B 5A6
Toll Free: 1-800-561-4030 ▪ Telephone: 506-452-3184 ▪ Fax: 506-452-3285

ACOA – NEWFOUNDLAND AND LABRADOR OFFICE

The John Cabot Building, 10 Barter's Hill, 11th Floor, P.O. Box 1060, Station "C", St. John's, Newfoundland A1C 5M5
Toll Free: 1-800-668-1010 ▪ Telephone: 709-772-2751 ▪ Fax: 709-772-2712

ACOA – NOVA SCOTIA OFFICE

Suite 700, 1801 Hollis Street, P.O. Box 2284, Station "C", Halifax, Nova Scotia B3J 3C8
Toll Free: 1-800-565-1228 ▪ Telephone: 902-426-6743 ▪ Fax: 902-426-2054

ACOA – PRINCE EDWARD ISLAND OFFICE

100 Sydney Street, 3rd Floor, Royal Bank Building, P.O. Box 40, Charlottetown, Prince Edward Island C1A 7K2
Toll Free: 1-800-871-2596 ▪ Telephone: 902-566-7492 ▪ Fax: 902-566-7098

ACOA – CAPE BRETON OFFICE

Silicon Island, 70 Crescent Street, P.O. Box 1750, Sydney, Nova Scotia B1P 6T7
Telephone: 902-564-3600 ▪ Fax: 902-564-3825