



APPLICATION FOR FINANCIAL ASSISTANCE

PROTECTED WHEN COMPLETED

CONFIDENTIALITY

The information provided in this application (including any annexes and attached supporting documents) is subject to the [Access to Information Act](#) and [Privacy Act](#), as applicable. No commercially confidential information that you submit will be disclosed without first consulting you. However, commercially confidential information may be disclosed where required by law or required by the Minister responsible for the Atlantic Canada Opportunities Agency (ACOA) for the purposes of the conduct of an international dispute in which Canada is a party intervenor. Please consult the Government of Canada's [Access to Information Act](#) for additional details. Any information that you wish to be considered as confidential should be annotated accordingly.

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 ACOA from considering the application.** ACOA may require further information and/or consents from the applicant to fulfill requirements.

SECTION A APPLICANT INFORMATION

1. OFFICIAL LANGUAGE PREFERRED FOR CORRESPONDENCE: <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH			
2. LEGAL NAME OF APPLICANT:			
3. BUSINESS OR OPERATING NAME OF APPLICANT (IF DIFFERENT FROM LEGAL NAME):			
4. 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):			
5. DATE OF INCORPORATION OR REGISTRATION:		6. APPLICANT BUSINESS NUMBER:	
7. MAILING ADDRESS OF APPLICANT:			
CITY:	PROVINCE:	COUNTRY: CANADA	POSTAL CODE:
8. BUSINESS PHONE NUMBER:		9. FACSIMILE NUMBER:	
10. EMAIL:		11. WEBSITE:	

SECTION B AUTHORIZED REPRESENTATIVE

1. FIRST NAME OF AUTHORIZED REPRESENTATIVE:		2. LAST NAME OF AUTHORIZED REPRESENTATIVE:	
3. POSITION TITLE:			
4. BUSINESS PHONE NUMBER: EXT:	5. MOBILE PHONE NUMBER:	6. FAX NUMBER:	



7. EMAIL:	8. IS THIS PERSON AN AUTHORIZED SIGNING OFFICER OF THE APPLICANT?	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION C OWNERSHIP

1. PROVIDE INFORMATION ABOUT THE PRINCIPAL OWNERS OF THE APPLICANT:					
FIRST NAME	LAST NAME	PERCENTAGE OF OWNERSHIP	IS THE PERSON ACTIVE IN THE COMPANY?		IF YES, IN WHAT POSITION/ROLE?
			YES	NO	
		%	<input type="checkbox"/>	<input type="checkbox"/>	
		%	<input type="checkbox"/>	<input type="checkbox"/>	
		%	<input type="checkbox"/>	<input type="checkbox"/>	

2. PROVIDE INFORMATION FOR ANY PARENT COMPANY, SUBSIDIARIES, AND ANY AFFILIATES OR RELATED BUSINESS ENTITIES:

LEGAL NAME OF BUSINESS	CITY	NATURE OF RELATIONSHIP	CONTACT PERSON	PHONE NUMBER

3. PROVIDE A DESCRIPTION OF THE APPLICANT AND ITS MANDATE:

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4. NAME OF BANK/FINANCIAL INSTITUTION:

CITY:	CONTACT PERSON:	PHONE NUMBER:
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5. DESCRIBE AVAILABLE CREDIT:

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SECTION D REQUIRED INFORMATION AND DOCUMENTS

COMMERCIAL APPLICANTS	YES	N/A
1. INCORPORATING DOCUMENTS AND INFORMATION ON OWNERSHIP (MUST PROVIDE)	<input type="checkbox"/>	
2. FINANCIAL STATEMENTS (MUST PROVIDE)	<input type="checkbox"/>	
3. RESEARCH AND DEVELOPMENT (R&D) PROJECT PLAN, BUSINESS PLAN AND/OR MARKETING PLAN (MUST PROVIDE)	<input type="checkbox"/>	
4. SUPPLIER QUOTES	<input type="checkbox"/>	<input type="checkbox"/>
5. COPIES OF RELEVANT PERMITS, LICENCES AND REGULATIONS	<input type="checkbox"/>	<input type="checkbox"/>
6. OTHER RELEVANT DOCUMENTS (SPECIFY):	<input type="checkbox"/>	<input type="checkbox"/>
NOT-FOR-PROFIT APPLICANTS	YES	N/A
1. CONSTITUTING/INCORPORATING DOCUMENTS AND LIST OF DIRECTORS/MEMBERS OF THE BOARD (MUST PROVIDE)	<input type="checkbox"/>	
2. FINANCIAL STATEMENTS (CURRENT AND LAST FISCAL YEAR) (MUST PROVIDE)	<input type="checkbox"/>	
3. DESCRIPTION AND MANDATE OF THE APPLICANT, INCLUDING THE MANAGEMENT AND QUALIFICATIONS OF KEY PERSONNEL (MUST PROVIDE)	<input type="checkbox"/>	
4. WHAT IS YOUR HST REBATE RATE (MUST PROVIDE)		%
5. DETAILED PROJECT INFORMATION (MUST PROVIDE)	<input type="checkbox"/>	
6. SUPPLIER QUOTES	<input type="checkbox"/>	<input type="checkbox"/>
7. COPIES OF RELEVANT PERMITS, LICENCES AND REGULATIONS	<input type="checkbox"/>	<input type="checkbox"/>
8. OTHER RELEVANT DOCUMENTS (SPECIFY):	<input type="checkbox"/>	<input type="checkbox"/>

IMPORTANT NOTICE

ACOA may require further information and documents to complete its assessment of the application, including, as applicable, information on the ownership of the land or building, parcel identification number(s), lease agreement(s), site plan(s), land improvements or soil disturbances, partnership agreement(s), intellectual property licence agreement(s) and any related information about the project. ACOA may also require further consents and/or authorizations to collect personal information from officials associated with the applicant. Failure to provide any of these, if requested, will preclude ACOA from completing its assessment of the application.

ACOA has adopted [service standards](#) with respect to its response time for processing a duly completed application.



SECTION E PROJECT INFORMATION

1. PROJECT NAME:

2. PROJECT LOCATION (STREET, UNIT NUMBER, ETC.):

CITY:	PROVINCE:	COUNTRY: CANADA	POSTAL CODE:
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3. ESTIMATED START DATE OF PROJECT:

4. ESTIMATED COMPLETION DATE OF PROJECT:

5. ESTIMATED TOTAL PROJECT COSTS: \$	6. AMOUNT REQUESTED FROM ACOA: \$
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7. APPLICANT FISCAL YEAR START:

8. APPLICANT FISCAL YEAR END:

9. HAS THE APPLICANT RECEIVED ASSISTANCE FROM ACOA PREVIOUSLY? YES NO

10. HAS THE APPLICANT MADE ANY FINANCIAL OR LEGAL COMMITMENTS FOR THE PROJECT? YES NO

IF YES, PROVIDE DETAILS:

11. PROVIDE A DESCRIPTION OF THE PROJECT AND THE KEY ACTIVITIES TO BE UNDERTAKEN:



12. DESCRIBE THE MEASURABLE ECONOMIC BENEFITS OF THE PROJECT:

13. TOTAL NUMBER OF CURRENT JOBS:	14. TOTAL NUMBER OF JOBS TO BE MAINTAINED AT END DATE OF PROJECT:	15. TOTAL NUMBER OF JOBS TO BE CREATED AT END DATE OF PROJECT:
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SECTION F DIVERSITY AND INCLUSION

	IF APPLICABLE, PLEASE INDICATE WHETHER THE <u>APPLICANT</u> IS LED OR MAJORITY LED BY ONE OR MORE OF THE FOLLOWING UNDER-REPRESENTED GROUPS.	IF APPLICABLE, PLEASE INDICATE WHETHER THE <u>PROJECT</u> WILL BENEFIT OR ENCOURAGE THE INCLUSION OF ANY OF THE FOLLOWING UNDER-REPRESENTED GROUPS.
WOMEN	<input type="checkbox"/>	<input type="checkbox"/>
INDIGENOUS PEOPLES	<input type="checkbox"/>	<input type="checkbox"/>
MEMBERS OF OFFICIAL LANGUAGE MINORITY COMMUNITIES	<input type="checkbox"/>	<input type="checkbox"/>
YOUTH (UNDER 40)	<input type="checkbox"/>	<input type="checkbox"/>
PERSONS WITH DISABILITIES	<input type="checkbox"/>	<input type="checkbox"/>
NEWCOMERS TO CANADA AND IMMIGRANTS	<input type="checkbox"/>	<input type="checkbox"/>
BLACK COMMUNITIES	<input type="checkbox"/>	<input type="checkbox"/>
RACIALIZED COMMUNITIES	<input type="checkbox"/>	<input type="checkbox"/>
2SLGBTQIA+	<input type="checkbox"/>	<input type="checkbox"/>
OTHER	<input type="checkbox"/>	<input type="checkbox"/>

SECTION G DISCLOSURES

	YES	NO
1) ENVIRONMENT IS THE APPLICANT CURRENTLY OPERATING IN CONFORMITY WITH ENVIRONMENTAL LEGISLATION?	<input type="checkbox"/>	<input type="checkbox"/>
WILL THE PROPOSED PROJECT CONFORM TO ENVIRONMENTAL LEGISLATION?	<input type="checkbox"/>	<input type="checkbox"/>
2) DUTY TO CONSULT ARE THERE INDIGENOUS COLLECTIVES IN OR NEAR THE PROJECT AREA?	<input type="checkbox"/>	<input type="checkbox"/>
COULD THE PROJECT POTENTIALLY IMPACT INDIGENOUS COLLECTIVES OR ANY ABORIGINAL OR TREATY RIGHTS?	<input type="checkbox"/>	<input type="checkbox"/>



3) LITIGATION IS THE APPLICANT INVOLVED IN ANY LITIGATION, LEGAL ACTION, SUIT OR CLAIM PENDING, UNDER WAY OR LOOMING, OR ARE THERE ANY PROCEEDINGS INVOLVING THE APPLICANT BEFORE ANY COURT, TRIBUNAL, GOVERNMENT BOARD OR AGENCY?	<input type="checkbox"/>	<input type="checkbox"/>
ARE THERE ANY OUTSTANDING JUDGMENTS AGAINST THE APPLICANT?	<input type="checkbox"/>	<input type="checkbox"/>
4) MATERIAL CONTRACTS IS THE APPLICANT IN DEFAULT UNDER ANY SIGNIFICANT CONTRACT OR ANY FINANCING ARRANGEMENT?	<input type="checkbox"/>	<input type="checkbox"/>
5) TAXES IS THE APPLICANT IN ARREARS IN THE PAYMENT OF ANY INCOME, BUSINESS OR PROPERTY TAXES, SALES TAXES, PAYROLL DEDUCTIONS, ETC.?	<input type="checkbox"/>	<input type="checkbox"/>
6) OTHER GOVERNMENT FUNDING HAS THE APPLICANT RECEIVED, OR SOUGHT, ANY OTHER GOVERNMENT FUNDING FOR THIS PROJECT?	<input type="checkbox"/>	<input type="checkbox"/>
IF YOU ANSWERED "NO" TO QUESTIONS 1 OR "YES" TO ANY OTHER QUESTION, PLEASE PROVIDE DETAILS:		



SECTION H CONSENT AND CERTIFICATION

- 1) The information collected in this application, including any supporting documents attached 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) A project determined to be a designated project under the [Impact Assessment Act](#) may be subject to an impact assessment. For compliance with this act, any project information provided to ACOA, including scientific information, may be shared with the Impact Assessment Agency of Canada and may be made publicly available through the Canadian Impact Assessment Registry. In addition, a representative from Public Services and Procurement Canada may contact the applicant to discuss the project.
- 4) The names of successful applicants, the amount of approved funding, and a description of the project are included in public records and disclosed on ACOA's website in accordance with the Government of Canada'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 in this application, including all supporting documents attached, 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) The applicant certifies that financial assistance from ACOA is a significant factor in the decision to proceed with this project.
- 8) The applicant certifies that it is not engaged in any illegal or criminal activity, and does not promote violence, incite hatred or discriminate on the basis of sex, gender identity or expression, sexual orientation, colour, race, ethnic or national origin, religion, age, or mental or physical disability.
- 9) I authorize ACOA to make any inquiries required to assess this application, including obtaining corporate and business information about the applicant.
- 10) The applicant authorizes ACOA to make these inquiries of persons, firms, corporations, federal and provincial government departments, agencies, authorities, institutions, and not-for-profit economic development organizations, and consents to the collection and sharing of information for these purposes.
- 11) The applicant consents to the sharing of the information collected with other federal and provincial departments and agencies for the administration of grants and contributions.
- 12) I consent to the use of the information collected for policy analysis, research and/or evaluation of ACOA programs.
- 13) The applicant agrees to comply with the [Official Languages Act](#), including applicable obligations that may vary depending on the nature of the project and the targeted clientele.
- 14) I have the authority to submit this application on behalf of the applicant, and evidence of this authority will be provided upon request.
- 15) This application for financial assistance can be used by ACOA to determine eligibility for funding under any of its grant and contribution programs where ACOA deems it appropriate.
- 16) ACOA may have a duty to consult with Indigenous peoples as part of its assessment of this application for financial assistance. Where pertinent, the applicant agrees to collaborate and provide such information and consents as requested by ACOA to assist in this process. Failure to do so may preclude ACOA from considering this application.

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

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

SIGNED AT

(LOCATION):

SIGNATURE OF AUTHORIZED OFFICIAL

ON THIS _____ DAY OF _____, 20_____
NAME AND TITLE OF AUTHORIZED OFFICIAL



SECTION I - CONTACT INFORMATION

For questions about this application or to contact the appropriate ACOA regional office, including accessible service options, please visit:

<https://www.canada.ca/acoa>

Toll-free: **1-888-576-4444**

Up-to-date contact information for all ACOA regional offices and accessible service options (including TTY and relay services) is available on the [ACOA website](#).