



**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 with 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.

<b>APPLICANT AND CONTACT INFORMATION</b>			
1. LEGAL NAME OF APPLICANT:		BUSINESS OR OPERATING NAME OF APPLICANT (IF DIFFERENT):	
2. MAILING ADDRESS:			
COUNTRY: CANADA	PROVINCE:	CITY:	POSTAL CODE:
BUSINESS TELEPHONE NUMBER: ( )	FAX NUMBER: ( )	EMAIL:	WEBSITE:
3. LAST NAME OF PERSON WHO WILL BE THE AUTHORIZED CONTACT:		FIRST NAME:	
TITLE:			
BUSINESS TELEPHONE NUMBER: ( )	EXT:	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 A 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 THE CANADA REVENUE AGENCY):	
6. TYPE OF LEGAL ENTITY: <input type="checkbox"/> CORPORATION <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> NON-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 CORRESPONDENCE:		<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: CANADA	PROVINCE:	CITY:	POSTAL CODE:		
3. ESTIMATED START DATE OF PROJECT (YYYY/MM/DD):		ESTIMATED COMPLETION DATE (YYYY/MM/DD):			
4. ESTIMATED TOTAL PROJECT COSTS:		\$			
5. AMOUNT REQUESTED FROM ACOA:		\$			
6. APPLICANT FISCAL YEAR START (YYYY/MM/DD):		END (YYYY/MM/DD):			
7. HAS THE APPLICANT RECEIVED ASSISTANCE FROM ACOA PREVIOUSLY?				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
8. HAS THE APPLICANT MADE ANY FINANCIAL OR LEGAL COMMITMENTS FOR THE PROJECT?				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
9. IF YES, PROVIDE DETAILS:					
10. PROVIDE A DESCRIPTION OF THE PROJECT AND THE KEY ACTIVITIES TO BE UNDERTAKEN:					
11. DESCRIBE THE MEASURABLE ECONOMIC BENEFITS OF THE PROJECT:					
12. TOTAL NUMBER OF CURRENT JOBS:					
13. TOTAL NUMBER OF JOBS TO BE MAINTAINED AT END DATE OF PROJECT:			14. TOTAL NUMBER OF JOBS TO BE CREATED AT END OF PROJECT:		

**OWNERSHIP (SECTION RESERVED FOR COMPANIES AND PARTNERSHIPS. OTHER APPLICANTS, GO DIRECTLY TO SECTION TITLED "REQUIRED INFORMATION AND DOCUMENTS".)**

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 THE NAME(S) OF ANY PARENT COMPANY, SUBSIDIARIES AND ANY AFFILIATES OR RELATED BUSINESS ENTITIES.

NAME OF BUSINESS	CITY/TOWN	NATURE OF RELATIONSHIP	CONTACT PERSON	TELEPHONE NO.



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

<b>COMMERCIAL APPLICANTS</b>	<b>YES</b>	<b>N/A</b>
INCORPORATING DOCUMENTS AND INFORMATION ON OWNERSHIP (INCLUDE NAMES AND PERCENTAGE OF OWNERS)	<input type="checkbox"/>	
FINANCIAL STATEMENTS (CURRENT AND LAST TWO YEARS)	<input type="checkbox"/>	
RESEARCH AND DEVELOPMENT (R&D) PROJECT PLAN, BUSINESS PLAN AND/OR MARKETING PLAN	<input type="checkbox"/>	
SUPPLIER QUOTES	<input type="checkbox"/>	<input type="checkbox"/>
COPIES OF RELEVANT PERMITS AND LICENCES	<input type="checkbox"/>	<input type="checkbox"/>
OTHER RELEVANT DOCUMENTS (SPECIFY):	<input type="checkbox"/>	<input type="checkbox"/>

  

<b>NON-PROFIT AND OTHER APPLICANTS</b>	<b>YES</b>	<b>N/A</b>
CONSTITUTING/INCORPORATING DOCUMENTS AND LIST OF DIRECTORS/MEMBERS OF THE BOARD	<input type="checkbox"/>	
FINANCIAL STATEMENTS (CURRENT AND LAST FISCAL YEAR)	<input type="checkbox"/>	
DESCRIPTION AND MANDATE OF THE APPLICANT, INCLUDING THE MANAGEMENT AND QUALIFICATIONS OF KEY PERSONNEL	<input type="checkbox"/>	
HST REBATE INFORMATION (E.G., REBATE RATE)	<input type="checkbox"/>	
<b><u>ONE OF THE FOLLOWING TWO ITEMS IS REQUIRED:</u></b>		
<b>OR</b> RESEARCH AND DEVELOPMENT (R&D) PROJECT PLAN	<input type="checkbox"/>	
<b>OR</b> DETAILED PROJECT DESCRIPTION, INCLUDING MILESTONES, COSTS, FINANCING, KEY PARTNERSHIPS ESTABLISHED AND EVIDENCE OF SUPPORT FROM THE COMMUNITY	<input type="checkbox"/>	
SUPPLIER QUOTES	<input type="checkbox"/>	<input type="checkbox"/>
COPIES OF RELEVANT PERMITS AND LICENCES	<input type="checkbox"/>	<input type="checkbox"/>
OTHER RELEVANT DOCUMENTS (SPECIFY):	<input type="checkbox"/>	<input type="checkbox"/>

**DIVERSITY AND INCLUSION**

This section is voluntary and information collected is used for statistical purposes only. Aggregated and anonymized data may be used for reporting purposes and shared with other government departments and agencies in support of program administration.

You may choose to indicate whether the **applicant** is led or majority-led by persons who self-identify with one or more of the under-represented groups listed below.

You may also choose to indicate whether the **project** will benefit or encourage the inclusion of any under-represented groups listed below.

If the applicant does not wish to self-declare its status or the status of the project in relation to the under-represented groups below, leave either or both fields blank, as applicable.

	If applicable, please indicate whether the <b>applicant</b> is led or majority led by one or more of the following under-represented groups.	If applicable, please indicate whether the <b>project</b> 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"/>
LGBTQ2	<input type="checkbox"/>	<input type="checkbox"/>
Other	<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, may 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.

<b>DISCLOSURES</b>	<b>YES</b>	<b>NO</b>
<b>1) ENVIRONMENT</b> IS THE APPLICANT CURRENTLY OPERATING IN CONFORMITY WITH ENVIRONMENTAL LEGISLATION?  WILL THE PROPOSED PROJECT CONFORM TO ENVIRONMENTAL LEGISLATION?	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>
<b>2) DUTY TO CONSULT</b> ARE THERE INDIGENOUS COLLECTIVES IN OR NEAR THE PROJECT AREA?  COULD THE PROJECT POTENTIALLY IMPACT INDIGENOUS COLLECTIVES OR ANY ABORIGINAL OR TREATY RIGHTS?	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>
<b>3) LITIGATION</b> 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?  ARE THERE ANY OUTSTANDING JUDGMENTS AGAINST THE APPLICANT?	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>
<b>4) MATERIAL CONTRACTS</b> IS THE APPLICANT IN DEFAULT UNDER ANY SIGNIFICANT CONTRACT OR ANY FINANCING ARRANGEMENT?	<input type="checkbox"/>	<input type="checkbox"/>
<b>5) TAXES</b> 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"/>
<b>6) OTHER GOVERNMENT FUNDING</b> HAS THE APPLICANT RECEIVED, OR SOUGHT, ANY OTHER GOVERNMENT FUNDING FOR THIS PROJECT?	<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 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) I certify 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) 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 and sharing of information for these purposes.
- 11) I consent 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.)*

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED OFFICIAL

SIGNED AT (LOCATION): \_\_\_\_\_

\_\_\_\_\_  
NAME AND TITLE OF AUTHORIZED OFFICIAL

ON THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_



## ATLANTIC CANADA OPPORTUNITIES AGENCY (ACOA) REGIONAL OFFICES

Contact [ACOA's Regional Offices:](#)

### ACOA – NEW BRUNSWICK OFFICE

81 Regent Street, Suite 500, 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, 11<sup>th</sup> 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

1801 Hollis Street, Suite 700, Halifax, Nova Scotia B3J 3N4  
Toll Free: 1-800-565-1228 ▪ Telephone: 902-426-8361 ▪ Fax: 902-426-2054

### ACOA – PRINCE EDWARD ISLAND OFFICE

Royal Bank Building, 3<sup>rd</sup> Floor, 100 Sydney Street, 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

70 Crescent Street, P.O. Box 1750, Sydney, Nova Scotia B1P 6T7  
Toll Free: 1-800-705-3926 ▪ Telephone: 902-564-3600 ▪ Fax: 902-564-3825