



## APPLICATION FOR FINANCIAL ASSISTANCE AEROSPACE REGIONAL RECOVERY INITIATIVE

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 for the purpose of the [Atlantic Canada Opportunities Agency Act](#) 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. Please consult the federal government's [Access to Information Act](#) for additional details.

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

**IMPORTANT:** This form is for the Aerospace Regional Recovery Initiative (ARRI). The ARRI [Applicant Guide](#) contains general information about the program requirements and step-by-step guidance for completing and submitting your application. It is strongly recommended that you carefully review the guide prior to completing your application.

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):		
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 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:			

<b>PROJECT INFORMATION</b>			
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 (ACO):		\$	
6. APPLICANT FISCAL YEAR START (YYYY/MM/DD):	/ /	END (YYYY/MM/DD):	/ /
7. HAS THE APPLICANT RECEIVED ASSISTANCE FROM ACOA PREVIOUSLY?		<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
8. HAS THE APPLICANT MADE ANY FINANCIAL OR LEGAL COMMITMENTS FOR THE PROJECT?		<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
9. IF YES, PROVIDE DETAILS :			
10. PROVIDE A DESCRIPTION OF THE PROJECT AND THE KEY ACTIVITIES TO BE UNDERTAKEN (PLEASE SEE <a href="#">APPLICANT GUIDE</a> FOR ADDITIONAL INFORMATION):			
11. DESCRIBE THE MEASURABLE ECONOMIC BENEFITS OF THE PROJECT (PLEASE SEE <a href="#">APPLICANT GUIDE</a> FOR ADDITIONAL REQUIREMENTS):			
12. TOTAL NUMBER OF CURRENT JOBS:			
13. TOTAL NUMBER OF JOBS TO BE CREATED AT END DATE OF PROJECT:		14. TOTAL NUMBER OF JOBS MAINTAINED AT THE END DATE OF PROJECT:	



**OWNERSHIP (Section reserved for companies and partnerships. Other applicants, go directly to section Required Information and Documents.)**

1. PROVIDE INFORMATION ABOUT THE PRINCIPAL OWNERS OF THE APPLICANT:

SURNAME	GIVEN 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 AFFILIATE 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.)**

COMMERCIAL APPLICANTS	YES	N/A
INCORPORATION DOCUMENTS AND INFORMATION ON OWNERSHIP (NAMES AND PERCENTAGE OF OWNERSHIP)	<input type="checkbox"/>	<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"/>	<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"/>
NOT-FOR-PROFIT AND OTHER APPLICANTS	YES	N/A
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 (I.E. REBATE RATE)	<input type="checkbox"/>	
<b>ONE OF THE FOLLOWING TWO ITEMS IS REQUIRED:</b>		
RESEARCH AND DEVELOPMENT (R&D) PROJECT PLAN	<input type="checkbox"/>	
<b>OR</b>	<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"/>

**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.

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.

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 ABORIGINAL GROUPS OR COMMUNITIES IN OR NEAR THE PROJECT AREA?  COULD THE PROJECT POTENTIALLY IMPACT NEARBY ABORIGINAL GROUPS OR COMMUNITIES?	<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 BEFORE ANY COURT, TRIBUNAL, GOVERNMENT BOARD OR AGENCY?  ARE THERE ANY JUDGMENTS OUTSTANDING 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"/>
<b>IF YOU ANSWERED "NO" TO QUESTION 1 OR "YES" TO ANY OTHER QUESTION, PLEASE PROVIDE DETAILS:</b>          		



**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) A project to be a designated project under the [Impact Assessment Act](#) may be subject to an impact assessment. For the purpose of compliance with this act, project information provided to ACOA, including scientific, may be shared with the Impact Assessment Agency of Canada and made publicly available through the Canadian Impact Assessment Registry. In addition a representative from Public Services and Procurement 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) The applicant certifies that they are not engaged in any illegal or criminal activity, and do 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, contrary to applicable laws.
- 9) I authorize ACOA to make any inquiries required, including obtaining corporate and business information about the applicant, to assess this application.
- 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 of information.
- 11) 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.
- 12) I consent to the use of the information for policy analysis, research and/or evaluation of ACOA programs.
- 13) The applicant agrees to comply with [Official Languages Act](#), where applicable, depending on the nature of the project and the targeted clientele.
- 14) I have the authority to submit this application on behalf of the applicants and evidence of this authority will be provided on request.
- 15) This application for financial assistance can be used by ACOA to determine eligibility for funding under any other of its grants and contributions programs where ACOA deems it appropriate.

**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**

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**

Suite 700, 1801 Hollis Street, P.O. Box 2284, Station "C", Halifax, Nova Scotia B3J 3N4  
Toll Free: 1-800-565-1228 ▪ Telephone: 902-426-6743 ▪ Fax: 902-426-2054

**ACOA – PRINCE EDWARD ISLAND OFFICE**

100 Sydney Street, 3<sup>rd</sup> 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

**Please see annex below to be completed.**

**NOTICE:** PLEASE ENSURE THAT THE APPLICATION FORM FOR THE AEROSPACE REGIONAL RECOVERY INITIATIVE (ARRI) IS SIGNED AND DATED BEFORE YOU SUBMIT.



## ANNEX FOR THE AEROSPACE REGIONAL RECOVERY INITIATIVE

### A) ADDITIONAL PROJECT INFORMATION

1. WILL THE PROJECT ACTIVITIES INCLUDE THE GREENING OF OPERATIONS OR PRODUCTS, OR THE ADOPTION OF ENVIRONMENTALLY SUSTAINABLE PRACTICES? (Please consult the [Applicant guide](#) for more details).

Yes  No

Note: If the answer is “yes”, the applicant’s project plan must clearly describe how the project will support greening of operations and products, or adoption of environmentally sustainable practices.

2. WILL THE PROJECT CONTRIBUTE TO THE RESILIENCE AND INTERNATIONAL COMPETITIVENESS OF THE AEROSPACE SECTOR? (Please consult the [Applicant guide](#) for more details).

Yes  No

Note: If the answer is “yes”, the applicant’s project plan must clearly describe how the project will contribute to the resilience and international competitiveness of the aerospace sector.

3. WILL THE PROJECT SUPPORT DIGITAL ADOPTION OF THE AEROSPACE INDUSTRY AND ENHANCE CYBERSECURITY? (Please see [Applicant guide](#) for more details):

Yes  No

Note: If the answer is “yes”, the applicant’s project plan must clearly describe how the project will adopt a digital solution and enhance cybersecurity.

4. WILL THE PROJECT IMPROVE INCLUSIVITY AND DIVERSITY BY ADDRESSING BARRIERS FACED BY CERTAIN POPULATION GROUPS? (Please see [Applicant guide](#) for more details):

Yes  No

Note: If the answer is “yes”, the applicant’s project plan must clearly describe how the project will improve inclusion and diversity. The project plan must also specify which under-represented group will benefit from the project. Please proceed to [section B](#) below for a list of the under-represented groups.



## ANNEX FOR THE AEROSPACE REGIONAL RECOVERY INITIATIVE

### B) DIVERSITY AND INCLUSION

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

If you have answered “yes” to question 4 above, you may select from the list below to indicate for which under-represented group the project will improve inclusion and diversity.

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

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 if the <u>project</u> will improve inclusion and diversity for any of the following under-represented groups:	If applicable, please indicate if the <u>applicant</u> is led or majority led by one or more 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	<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"/>