##  Company Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Registered Business Name:** | Enter text here. |  |  |  |
| **Legal Business Name:**  | Enter text here. |  |  |  |
|  |  |  |
| **Is your organization incorporated? Yes** [ ]  **No** [ ] Unfortunately, unincorporated companies are not eligible for funding Date of Incorporation: Click or tap to enter a date. |  |  |
| Address: | Enter text here. | Enter text here. |  |
|  | Street | Unit # |  |  |
|  | Enter text here. | Enter text here. | Enter text here. |  |
|  | City | Province | **Postal Code** |  |
| SFEP Lead Contact: | Enter text here. | Enter text here. | Enter text here. |
|  | Name | Position | Email |
| Secondary Contact: | Enter text here. | Enter text here. | Enter text here. |
|  | Name | Position | Email |
| Business Phone: | Enter text here. |  Website:  | Enter text here. |
| HST #: | Enter text here. |  |  |

**Detailed description of company’s history, current products / services and future aspirations:**

Enter text here.

**If your organization has previously received Step Forward Entrepreneurs Program (SFEP) funding please specify the impact and overall success of the past project(s). Please be aware that companies are not eligible to reapply for the same project that was previously supported by the program.**

Enter text here.

## Project Information

**Detailed description of the project:**

Enter text here.

## Project Impact

**What impact will this project have on your business with regards to the following elements; choose all that apply:**

**Sales and Marketing / Commercialization** [ ]  **Product Development** [ ]  **Business Enhancement** [ ]

**Explain in detail what the impact will be:**

Enter text here.

**Describe measurable outcomes and results as well as the benefits to Northern Ontario:**

Enter text here.

|  |  |  |
| --- | --- | --- |
| **Timeline** | **Gross Sales Revenue** | **Number of Employees** |
| **Current** | $ | **#**  |
| **Projected in 3 years** | $ | **#** |

## Project Costing Details

**PART 1 – FUNDING LEVEL REQUESTED**

**SFEP funding is available at 1 of 3 levels: $5,000, $7,500 or $10,000. Please select the level for which you are applying and verify that your project meets the minimum project spend required before tax.**

|  |  |  |
| --- | --- | --- |
| **Checkmark the funding level chosen** | **Funding Level** | **Minimum project spend required before taxes****(SFEP will not cover HST for approved projects)** |
|[ ]  **$5,000** | **$10,000** |
|[ ]  **$7,500** | **$15,000** |
|[ ]  **$10,000** | **$20,000** |

**PART 2 – PROPOSED PROJECT COSTS**

**Please insert in the table below:**

1. **Description of all known expenditures from project start to completion**
2. **The cost allocated to each – Please note supporting documents will be required (ex: quotes)**
3. **Identify which amounts are to be funded by SFEP**

**EXAMPLE: Company A applys for a $10,000 grant for 2 items:**

|  |  |  |
| --- | --- | --- |
| 1. **Description**
 | 1. **Costs before HST**
 | 1. **Amount Funded by SFEP**
 |
| **Marketing Campaign** | **$15,000** |  **$7,500** |
| **Export Consultant** | **$7,500** | **$2,500** |
| **Total Project Cost before HST exceeds minimum project spend of $10,000** | **$22,500**  | **Total funding requested matches the $5,000 level for which Company A applied.** | **$10,000** |

|  |  |  |
| --- | --- | --- |
| 1. **Description**

**(Known or anticipated expenditures for the project)** | 1. **Costs**

**(Costs before HST)** | 1. **Amount Funded by SFEP**

**(Identify the amounts to be funded to a maximum of the funding level selected above)** |
| Description of costs | $ | $ |
| Description of costs | $ | $ |
| Description of costs | $ | $ |
| Description of costs | $ | $ |
| **TOTAL PROJECT COST:****(Must meet/exceed the minimum project spend;****$10,000 before tax to be eligible for $5,000****$15,000 before tax to be eligible for $7,500****$20,000 before tax to be eligible for $10,000)** | $ | **TOTAL FUNDING REQUESTED:** **(must match your selected funding level from above: $5,000, $7,500 or $10,00)**  | $ |

**The SFEP uses a reimbursement model. Project costs outlined in this application will be reimbursed when IION receives final invoice(s) and third-party proof of payment(s). All projects must be completed within 6-months of receiving approval.**

**Are you applying for / have you utilized other Government funds related to the project?** **Yes** [ ]  **No** [ ]

**If “Yes”, please state which program and for what amount:**

**Example: Northern Ontario Heritage Fund - $50,000**

|  |  |
| --- | --- |
| **Program** | **Amount** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter tex**t.** | Click or tap here to enter text. |

## Supporting Documents

**NOTE: Applicants are encouraged to utilize Northern Ontario expertise/suppliers where possible.**

**Please submit two contractor quotes with all applications and identify the contractor you’ve selected below. In cases where two quotes are not feasible please provide rational:**

Enter text here.

**Selected contractor(s):**

Enter text here.

## Terms and Conditions

**Applicant’s signature acknowledges the following:**

* **The Applicant understands that a minimum project spend is required before taxes, representing a grant contribution toward costs of up to 50%, in order to obtain the amount of funds requested:
A grant amount of $5,000 must have a minimum project spend of $10,000 before taxes;
A grant amount of $7,500 must have a minimum project spend of $15,000 before taxes;
A grant amount of $10,000 must have a minimum project spend of $20,000 before taxes.**
* **The SFEP uses a reimbursement model; the Applicant will be reimbursed when IION receives final invoices and third-party proof of payment documents.**
* **Approved SFEP projects must be completed within 6-months of approval.**
* **The Applicant will be responsible to register as an Innovation Initiatives Ontario North client**
* **The Applicant is required to respond to follow-up surveys for up to five years after receiving financial support as required by the funding partner**
* **Innovation Initiatives Ontario North will not be responsible for any contractor charges in excess of the approved amount**
* **The applicant understands the Step Forward Entrepreneurs Program will not cover any HST incurred with this project**

**Applicant’s failure to meet these conditions, both financial or otherwise, will void all agreements.**

**The applicant acknowledges that Innovation Initiatives Ontario North accepts no responsibility for the contractors’ services provided under this agreement. The responsibility of Innovation Initiatives Ontario North is to issue approved payment to the applicant’s selected contractor. The applicant further acknowledges that Innovation Initiatives Ontario North has a five-year obligation to track the applicant’s commercialization efforts and results. This shall require mandatory reporting (upon request) by the applicant of annual revenues, job creation and other related information as required.**

**The applicant acknowledges the right of Innovation Initiatives Ontario North to audit the Eligible Activity and the right of representatives of the Minister of Innovation, Science and Economic Development to audit, or cause to have audited, the accounts and records of the applicant and to have a right of access to the books and the applicant’s accounts. The applicant shall be required by Innovation Initiatives Ontario North to act as its agent for the purpose of any inquiry undertaken by the Auditor General of Canada with respect to the use of funds under this agreement. The applicant shall release to Innovation Initiatives Ontario North, upon request and in a timely manner, for the purpose of releasing to the Auditor General of Canada, all records held by the applicant, or by agents or contractors of the applicant, relating to the contribution agreement and the use of funds; and; such further information and explanations as the Auditor General, or anyone acting on behalf of the Auditor General may request relating to any part of the contribution agreement or the use of funds.**

**The applicant agrees to comply with all federal, provincial, territorial, municipal and other applicable laws governing the applicant or the applicant’s activity, or both, including, but not limited to, statutes, regulations, by-laws, rules, ordinances and decrees. This includes legal requirements and regulations relating to environmental protection.**

**The applicant agrees to acknowledge the federal government’s role in the funding provided through this agreement in all of its project-related communications activities and consent to a public announcement of the eligible activities by or on behalf of the Minister of Innovation, Science and Economic Development in the form of a news release. The Minister of Innovation, Science and Economic Development will inform the applicant of the date of any public announcement at least three weeks prior to the date of the activity / event. The applicant consents to the participation of the Minister of Innovation, Science and Economic Development, or the Minister’s representatives, at such an announcement event. The applicant will agree to display promotional material provided by the Minister of Innovation, Science and Economic Development at such an event along with the requirements found in the Communications Requirements section of the FedNor website (fednor.gc.ca), located under resources.**

**NOTE: Release of confidential or competitively sensitive information will not be required as this is protected under the Access to Information Act. Any information given to Innovation Initiatives Ontario North that is not publicly available will be treated as confidential. Innovation Initiatives Ontario North will make all reasonable efforts to keep the information confidential within the Review Committee approval process. Confidential information will not be used except as reasonably required to provide our services. Should it be formally requested in writing, any physical documentation provided to Innovation Initiatives Ontario North by the Client will be returned upon review and will not be copied or transcribed.**

**I certify that my answers are true and complete to the best of my knowledge.**

**If this application leads to approval, I understand that false or misleading information in my application may result in removal from the program.**

[ ] **I understand that checking this box constitutes a legal signature confirming that I have read, understand and agree to the above terms and conditions and that I have the authority to sign on behalf of the applicant.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  Type your first and last name as a signature | **Date:** |  Click or tap to enter a date. |

## Office Use Only

**Approved Maximum Grant:**

**Total Anticipated Project Costs:**

**Registered as an IION Client:** **Yes** [ ]  **No** [ ]

|  |  |  |
| --- | --- | --- |
| **Innovation Centre Approval:** |  |  |
|  | **Signature** | **Date** |