

LEAVE BLANK - Office Use Only

Tech PEI No:

Date Received:



Business Support Programs Application Form

Instructions:

- Please complete as thoroughly as possible, providing written quotes and /or attachments as applicable.
- Incomplete applications may be delayed in processing.
- Submit a completed application to the address on Page 4.
- Retain a copy for your records.

Identify Program For Which You Are Applying

- Infrastructure
 Rental Incentive
 Equity Investor's Incentive
 Capital Assistance
 Marketing Support
 Other (please specify) _____

Identification of the Applicant

1. Business Name:

Address: _____ Postal Code: _____

Website: _____ Number of Employees: _____

2. Name and title of official to whom inquiries may be directed:

Phone: _____ Fax: _____ Email: _____

3. Form of Organization:

- Incorporated
 Sole Proprietorship
 To Be Incorporated
 Cooperative
 Partnership
 Other (specify) _____

4. Type of Operation:

- Information and Communication Technology
 Film
 New Media
 Television
 Other

5. Sales Information:

	Fiscal Year	Total (\$)
Total Annual Sales:	_____	_____
Total Annual Export Sales:	_____	_____

6. Name of Parent Company (if applicable):

7. Applicant's average number of employees in PEI over the last year:

8. History and description of business including product(s) and /or service offerings:

9. Description of project or activity:

10. State what products and /or services will be developed and marketed:

11. Location of project or activity:

12. Describe in detail how this project or activity will position the company for growth:

13. Describe the economic benefits that this project is expected to generate in terms of:

- a) Increase in export sales _____
- b) Cost reductions _____
- c) Number of new jobs created _____
- d) Number of new jobs maintained _____
- e) Other benefits _____

14. Has a financial or legal commitment been made to this project prior to the application date?

- No Yes (please provide details)

15. Project or Activity Period:

Estimated Start Date: _____ Estimated Completion Date: _____

16. Summary of Estimated project or activity costs to be incurred:

PROJECT COSTS

Leasehold Improvements:	\$ _____
Hardware:	\$ _____
Software:	\$ _____
Workstations:	\$ _____
Network costs:	\$ _____
Marketing Costs:	\$ _____
Training	\$ _____
Other (specify):	\$ _____
TOTAL	\$ _____

17. Sources of project funding:

Assistance requested under this application:	\$ _____
Other government assistance:	\$ _____
Existing working capital:	\$ _____
Long term loans:	\$ _____
Short term loans:	\$ _____
Additional equity:	\$ _____
Other (specify):	\$ _____
TOTAL	\$ _____

Project Financial Information

18. Documentation required:

Established businesses: Normally financial statements for the past 2 years along with 2 year projections and cash flow for the first 12 months are required.

New businesses: Attach opening business Balance Sheet and 2 year projected Financial Statements including Balance Sheet, Income and Expense Statements and Cash Flow Statements.

Project Cost: Provide detailed information on the estimated costs of the project. (You will be requested to provide written quotations in due course).

19. Applicant's financial institution:

Name: _____ Branch Address: _____ Postal Code: _____

Contact: _____ Phone: _____

20. Identification of Lender (if different from above):

Name: _____ Branch Address: _____ Postal Code: _____

Contact: _____ Phone: _____

21. Management and Ownership: Attach a short history of shareholders and key management personnel.

22. Market: Explain your current market position and identify your projected market (i.e. size, location) outlining any increases in market share. (Attach additional sheets if necessary)

23. Operation Facilities: Describe the size and capacity of your existing facility in relation to the proposed activity.

24. The following attachments may be required for projects:

- a) Business Plan
- b) Detailed Costs of Project or Activity
- c) Project Feasibility or Market Study

25. If application concerns a study, provide the consultant(s) proposal(s) and Study's Terms of Reference. (Cost should be supported by no less than two written quotations.)

26. Use this space to provide any supplementary information you feel is relevant to your application.
(Attach additional sheets and/or literature and quotes relative to the project.)

Declaration of Applicant

TO TECHNOLOGY PRINCE EDWARD ISLAND INC.

- a) The information given in this application is, to the best of my knowledge and ability, complete, true and correct.
- b) The applicant consents to having Technology PEI make any inquiries of such persons, firms or corporations as it deems necessary in order to reach a decision on this application.
- c) The applicant will provide all information required by Technology PEI to complete the assessment of this application.
- d) Information on this form is collected for the purpose of determining your suitability or eligibility for the Program. Information on this form is subject to the Freedom of Information and Protection of Privacy Act. For more information see: www.gov.pe.ca/foipp.

Name of Authorized Official:

Title:

Signature of Authorized Official:

Date:

Please send completed application and any attachments to:

**Technology PEI Inc.
94 Euston Street, 2nd Floor
PO Box 340 Charlottetown, PE C1A 7K7
Tel: (902) 569-7770 Fax: (902) 368-6255
e-mail: techpei@gov.pe.ca**