

## Productivity and Innovation Voucher Program Application

To complete the form, **DOWNLOAD** and **SAVE** it to your computer, then type in the requested information in the fields below. For additional information, please refer to the *Productivity and Innovation Voucher Program Guidelines and FAQ* for information on completing this form.

All questions must be answered. If the response is not applicable, please write "n/a".

### General Information

Business Name (legal name):	
Business Identification Number (Nova Scotia Registry of Joint Stocks):	
Business Civic Address:	
Business Mailing Address (if different than Civic Address):	
County:	
Project Contact Person:	
Title:	
Telephone: (xxx) xxx-xxxx	
Mobile: (xxx) xxx-xxxx	
E-mail Address:	

Industry Sectors: Check all that apply

Aerospace & Defence	Fish & Seafood Processing
Agri-food	Film Production
Advanced Manufacturing	ICT (includes Digital Media)
Business Services	Life Sciences
Chemicals & Plastics	Mining & Mineral Products
Clothing & Textiles	Oceans Technology
Energy	Travel & Accommodation
Engineering & Professional	Transportation Equipment
Finance & Insurance	Transportation & Logistics
Forest Products	Other

Other, please specify: \_\_\_\_\_

Primary NAICS\* (North American Industry Classification System) Code: \_\_\_\_\_

\*For more NAICS definitions, go to <http://www23.statcan.gc.ca/imdb/p3VD.pl?Function=getVD&TVD=118464>

## Business Information

What year was your business established (YYYY)?	
Do you operate as the Nova Scotia subsidiary of an international business? <i>If yes, please explain.</i>	Yes No
Have you, or any related entity, applied to the Productivity and Innovation Voucher Program this government fiscal year (since April 1)? <i>If yes, please explain below.</i>	Yes No
As it relates to this project, have you applied for or received other government funding (federal, provincial, municipal)? <i>If yes, please explain below.</i>	Yes No

Provide the following figures for the past three years.	Last year	Two years ago	Three years ago
Total sales (\$CAD):			
Total sales outside Nova Scotia (\$CAD):			
Total Capital Investment (\$CAD):			
Total number of Full Time Equivalents (FTEs) employed in Nova Scotia*:			
Total number of Full Time Equivalents (FTEs) employed outside of Nova Scotia*:			

\* FTE= Full Time Equivalent. An FTE is the equivalent of one person working full time:

7.5 hrs. /day X 5 days/week X 52 weeks/year = 2000 hours/year

Number of Full Time Equivalent Employees (FTEs) = Total Hours/2000

Total Hours = the total number of hours worked by all employees for your fiscal year (can be found in your payroll system)

- Examples:**
- 1 person working full time = 1 FTE
  - 2 people each working 4 hours per day, 5 days per week = 1 FTE

- Tips:**
- FTEs does NOT mean number of employees.
  - An FTE value stays the same over time (except when you adjust your usual staffing pattern). Do not multiply it by days, weeks, or months.

**How to Do It:** If you know your total number of labour hours for one year: Divide by 2000. This is your FTEs.

**Example:** Your department's total labour hours as reported to payroll for Jan.-Dec. 2016 were 13,104.  
**13,104 ÷ 2000 = 6.3 FTEs.**

\*Each employee should only be accounted for once.

## Section I – Understanding Your Business

This section is used to help us gain an understanding of your business.

Provide a brief description of your business and the products or services it offers.

Your business' target market(s) and distribution channels with supporting research.

Challenges in the target market(s) – competition, cultural differences, import controls, intellectual property status, certifications, etc. – and how these will be overcome.

## Section II – Understanding Your Project

For your application to be considered, please provide the following information. This section of the application is designed to provide us with a comprehensive understanding of your project.

Which Tier are you applying for?	Tier 1    Tier 2
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**All Applicants:** Provide a brief overview of the issue, need, or opportunity facing your business and the role the Productivity and Innovation Voucher Program has in helping you develop a new product, service, or process. For Tier 2 applicants, if the project is not directly associated with the initial voucher-supported project, include any linkages between this activity and the initial voucher program project.

## Productivity and Innovation Voucher Program

Please answer the following questions and provide a description, where applicable, of the anticipated improvements related to the proposed project.

Will the proposed project result in increased productivity and/or competitiveness?	Yes    No
Will the proposed project result in increased innovation of business' products, services, or processes?	Yes    No
Will the proposed project contribute to the development of a new product, service, or process?	Yes    No
Will the proposed project improve your business' capacity to provide products and/or services to markets outside of Nova Scotia?	Yes    No
What are the project's expected outcomes?	

### Section III – Service Provider Information

Please have the Service Provider, you are working with for the proposed project, complete this section of the application form which includes details of project scope, deliverables, timelines, and budget.

Service Provider Name:	
Full Department Name:	
Researcher Name:	
Primary Contact Name at Identified Service Provider:	
Title:	
Telephone: (xxx) xxx-xxxx	
Mobile: (xxx) xxx-xxxx	
E-mail Address:	

Have you worked with this researcher in the past?	Yes	No
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Project Plan: Provide the list of deliverables and associated timelines to complete the proposed project.

*Productivity and Innovation Voucher Program*

Identify any specialized equipment to be purchased and how it relates to the proposed project.

Estimated Timeline for the Project.

Start Date (MM/DD/YYYY):	
End Date (MM/DD/YYYY):	

Project Budget: Provide a breakdown of the proposed project budget costs (\$CAD) by activity. For example: materials, labour, travel, accommodations, overhead, etc.

Project Description	Cost (\$CAD)
Labour	
Materials	
Travel	
Other:	
Other:	
Overhead (Cannot Exceed 20%)	
Total	

The project and budget have been reviewed by the Industry Liaison Office, or equivalent, of the Service Provider listed above.

Signature:	
Title:	
Date (MM/DD/YYYY):	

## Section IV – Business Standing

Is your business duly registered and otherwise authorized to carry on its business in the Province of Nova Scotia, including all necessary licences, permits, and permissions, in good standing?	Yes	No
Are there any outstanding or pending claims/litigation against the business or its principals?*	Yes	No
Are there, or is there any basis for, any claims, injunctions, judgments, orders, legal or administrative actions or similar proceedings against your business?*	Yes	No
*If you answered “yes” to either question, please explain in the field below or attach as a separate document.		

## Application Checklist

Have the following sections been completed?

<b>General Information</b>	Yes
<b>Business Information</b>	Yes
<b>Section I – Understanding Your Business</b>	Yes
<b>Section II – Understanding Your Project</b>	Yes
<b>Section III – Service Provider Information</b>	Yes
<b>Section IV – Business Standing</b>	Yes



## Authorization

On behalf of the business identified above, I hereby submit the application for the Productivity and Innovation Voucher Program. I certify that I am an authorized officer of the business and that the information provided in this application and its attachments is true and correct to the best of my knowledge and belief. I agree to comply with the terms stated in the program guidelines, including reporting requirements.

I acknowledge and agree to allow Nova Scotia Business Inc. or a designate to make any enquiries of such persons, firms, corporations, and federal and provincial government agencies/departments required to collect and to share information with them, including personal information as defined in the Freedom of Information and Protection of Privacy Act, as Nova Scotia Business Inc. deems necessary, in order to reach a decision on this application; to administer and monitor the implementation of the subject project; and to evaluate the results of the project and this program after project completion. I hereby waive confidentiality of such information and agree that its collection and disclosure will not be the basis of any liability, claim or order against Nova Scotia Business Inc.

Should the business be a successful applicant, on behalf of the business, I hereby give Nova Scotia Business Inc. permission to release the name of the business and voucher information in any form and through any media for purposes of marketing this program.

By signing below, you consent to Nova Scotia Business Inc. releasing your contact information to any third party Service Providers retained for the purposes of evaluation of the program. This consent is valid whether your application is successful or not. You agree to being contacted by any such third party Service Providers and will cooperate with them in the collection of information for evaluation of the program. You further agree to release Nova Scotia Business Inc. and its staff from any claims, causes of action, suits, actions and liabilities of every nature and kind whatsoever arising from, as a result of or in any way related to the aforementioned authorized release of contact information and subsequent collection and use of information. If you do not consent to the disclosure of your contact information, you cannot participate in this application.

I authorize, certify, and agree to all the terms above.

Authorized Officer Name:	
Job Title:	
Signature:	
Date (MM/DD/YYYY):	

**Return completed form by email or mail to the respective regional Nova Scotia Business Inc. office as outlined in Section 10c of the Productivity and Innovation Voucher Program Guidelines. Applications will be deemed ineligible unless you receive a confirmation receipt from your Regional Business Development Advisor.**