

APPLICATION FORMFor the Infrastructure and Innovation Program

Send completed application and claim forms by email to: manager@novascotiaseafoodalliance.ca

Email is preferred but if not possible, send to:

NS Seafood Alliance Infrastructure and Innovation Program 38 - B John Street , Yarmouth, NS B5A 3H2

If you require assistance to com	nplete the application, please call (902) 220-2436	5
Business #/HST number:		
Processor/Exporter License #(s	s):	
Full Name of Applicant (include	le middle name):	
Complete Business Name:		
Operating Name (If different th	nan business name):	
Business Mailing Address		
Civic Address (if different than	n mailing address):	
Village/Town/City		
Province: Nova Scotia	Postal Code	<u> </u>
Business Phone / Cell Phone: _		
Primary Contact:		
Primary Contact Email:		



Have you previously applied to DFO and NSDFA's Atlantic Fishe If yes, describe where the project is in the process. Approved and currently in progress Complete Submitted and under review	Number (if Applicable) eries Fund?? Yes No
If yes, describe where the project is in the process. Approved and currently in progress Complete	eries Fund?? Yes No
If yes, describe where the project is in the process. Approved and currently in progress Complete	eries Fund?? Yes No
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If yes, describe where the project is in the process. Approved and currently in progress Complete	eries Fund?? Yes No
Approved and currently in progress Complete	
Complete	
•	
Please list the sources of funding that will be used as the balance of	of funding to support your
project.	
L	
Please provide confirmation of the availability of working capital or	the existence of a loan or
a line of credit that has been extended.	
Describe the project you would like to implement in your company.	(Attach brief project proposal)
	(Tittuen offer project proposur)
Name of the project:	
Species:	
Plant location:	
Estimated End Date of project (MM/DD/YYYY):	
Describe the current process:	
Describe the current process.	



SEAFOOD ALLIANCE				
Describe the technolog	gies to be used:			
_				
Provide detail of all co				
provider, and detail sep structural changes). (A	parately other costs that ttach quotes) For Flec	at may be incurred to i trical Upgrades neces	install the equipment (electrical, mechanical
documented approval b			sary to mistan rioject	Equipment, metude
	, .			
Describe the objectives	s and benefits you are	trying to achieve by tl	nis project:	
Service Provider	Firm Name	City/Town	Contact Person	Telephone
Accountant				1
Lawyer				
Insurance				
Bank				
Consultant				

Other



DISCLOSURES

Are you involved in any relevant litigation, legal action, suit claim pending or				
underway or any other proceedings before any court, tribunal, government board or				
agency?				
Are there any judgements outstanding against you/the business?	Yes	No		
Are there any federal or provincial fines (paid or unpaid) on record for the you/the	Yes	No		
business (including, charges, suspensions or conviction under the Fisheries Act)?				
If you answered 'yes', to a question(s) above, please provide details:				
Are you behind in the payment of any taxes such as income, business, property or	Yes	No		
sales taxes?	1 05	110		

Consent and Certification

I understand that failing to comply with all application requirements may delay the processing of the application and/or render me ineligible for receiving assistance under the program.

If you answered 'yes', a formal declaration form will be provided to you to submit directly to

federal government personnel for review and consideration of eligibility.

I acknowledge that my/our completing this application form and by receiving advice from the Nova Scotia Seafood Alliance does not oblige the Nova Scotia Seafood Alliance or other delivery agents to provide funding.

I understand that orders placed, or equipment and materials expensed incurred, prior to the completed and accepted application date are not eligible for assistance under this program.

I understand that the detailed information provided on this application form and all supporting documents are being collected in part for the use of Fisheries and Oceans Canada and the Nova Scotia Department of Fisheries and Aquaculture to support the vetting of applications for funding eligibility.

I understand that representatives from Fisheries and Oceans Canada and the Nova Scotia Department of Fisheries and Aquaculture may contact me directly for further information.

I acknowledge that the names of successful applicants, the amount of funding approved, and a description of the project may be included in public records and disclosed on government websites in accordance with the government's proactive disclosure practices.

I certify that the information provided is, to the best of my knowledge and ability, complete, true and accurate.



evaluation, promotion a	and communication of relevant government programs.	
Signature		
Print Name		
Date		
(Office use only) Da	te application received	

I consent to the use of the information for determining funding approval, policy analysis, research and/or



REQUIRED DOCUMENTATION CHECKLIST

Please provide copies of all the following documents

Documentation Required		No	Comment
1. Application form.			
2. Brief project proposal			
3. CRA account statement			
a Payroll			
b HST			
c. Corporate Tax			
4. Plant/facility provincial operating			
license.			
5. CFIA certification.			
6. Workers Compensation letter of			
good standing.			
7. Financial institution letter indicating			
your ability to fund the project.			
8. Quote(s) for project.			