



Business Scale-up and Productivity (BSP) Application

For Reference Only (not for submission)

If you are unable to submit your application using the online application tool,
[contact a Western Economic Diversification Canada Regional Office](https://www.wd-deo.gc.ca/eng/19761.asp) for assistance.

Refer to the Applicant Guide for instructions on completing the application form and the eligibility criteria located at <https://www.wd-deo.gc.ca/eng/19761.asp>.

You can complete this form in more than one session by saving the form using the Save button on the form. Once you have successfully saved your form, the Primary Project Contact Person identified on the form will be sent an email that can be used to retrieve the saved form. For more information, refer to section 11 of the Applicant Guide located at <https://www.wd-deo.gc.ca/eng/19761.asp>.

Enter the required information in the space provided. An asterisk (*) indicates a required field.

Before submitting this application, print a copy for your records.

ORGANIZATION INFORMATION													
1. Full legal name of applicant organization:										*			
2. If operating under a different name, identify the name:													
3. Mailing address (including suite, unit, apt #):										*			
4. Mailing address line 2:													
5. City:		*		6. Province/Territory/State:			*		7. Country:		*		
8. Postal/ZIP code:		*		9. Telephone:			*		10. Fax:				
11. Email address:					12. Website:								
13. Canada Revenue Agency business registration number:										*			
14. Date your organization established business in Canada:										*			
15. Number of employees working for your organization:										*			
16. Operating facilities existing in (check all that apply): *					<input type="checkbox"/> British Columbia		<input type="checkbox"/> Alberta		<input type="checkbox"/> Saskatchewan		<input type="checkbox"/> Manitoba	<input type="checkbox"/> Other	
17. Is the applicant organization a for-profit company registered in Canada? *										<input type="checkbox"/> Yes	<input type="checkbox"/> No		
18. Indicate all that apply:	18a. <input type="checkbox"/> Incorporated Federally			18b. <input type="checkbox"/> Incorporated Provincially: in the province of									
	18c. Provide the date of incorporation:											*	
19. Your organization is headquartered in: *			<input type="checkbox"/> BC		<input type="checkbox"/> AB		<input type="checkbox"/> SK		<input type="checkbox"/> MB		<input type="checkbox"/> Other Province/Territory		<input type="checkbox"/> Outside Canada
20. Is your organization a subsidiary of another company? *							<input type="checkbox"/> Yes					<input type="checkbox"/> No	
21. If Yes, provide company name and location:	21a. Name:												
	21b. Location:		<input type="checkbox"/> BC		<input type="checkbox"/> AB		<input type="checkbox"/> SK		<input type="checkbox"/> MB		<input type="checkbox"/> Other Province/Territory		<input type="checkbox"/> Outside Canada
22. What sector do you currently operate in? (maximum 90 characters including spaces)												*	
PROJECT INFORMATION													
23. Project title: (maximum 90 characters including spaces)										*			
24. <input type="checkbox"/> Project address is the same as mailing address.													
25. Project address (including suite, unit, apt #):										*			
26. Project address line 2:													
27. City:		*		28. Province:			*		29. Postal code:		*		
30. Proposed project funding start date:					*		31. Proposed project funding end date:			*			
32. Primary Project Activity: (select best fit) *			<input type="checkbox"/> Business Scale-up		<input type="checkbox"/> Productivity Improvement		<input type="checkbox"/> Technology Commercialization						

Note: The Primary Project Contact will be contacted for any follow-up to this application. When the form is saved for the first time, an email will be sent to the email address provided in field "37. Email address:". This email is only sent the first time the form is saved and contains instructions to retrieve the saved form.

PRIMARY PROJECT CONTACT									
33. Salutation:	*	34. First name:	*	35. Last name:	*	36. Title:	*		
37. Email address: (save email recipient)		*		38. Telephone:		*		39. Cell:	

SECONDARY PROJECT CONTACT							
40. Salutation:	*	41. First name:	*	42. Last name:	*	43. Title:	*
44. Email address:	*	45. Telephone:	*	46. Cell:			

PROJECT DESCRIPTION
47. Briefly describe your project in plain language. This is an important section as it will be used in summary documents to describe your project at various review stages. (maximum 500 characters including spaces) *
48. Describe your project's objectives and how they meet the objectives of the program. (maximum 2000 characters including spaces) *

FINANCIAL						
49. Project funder *	Source *	Confirmed? *	2019-2020	2020-2021	Future Years	Total *
Applicant firm	<input checked="" type="checkbox"/> Non-Gov't	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Western Economic Diversification Canada	<input checked="" type="checkbox"/> Gov't, Federal	<input checked="" type="checkbox"/> Requested	\$	\$	\$	\$
	<input type="checkbox"/> Gov't, Federal <input type="checkbox"/> Gov't, Provincial <input type="checkbox"/> Gov't, Municipal <input type="checkbox"/> Non-Gov't	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
	<input type="checkbox"/> Gov't, Federal <input type="checkbox"/> Gov't, Provincial <input type="checkbox"/> Gov't, Municipal <input type="checkbox"/> Non-Gov't	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
	<input type="checkbox"/> Gov't, Federal <input type="checkbox"/> Gov't, Provincial <input type="checkbox"/> Gov't, Municipal <input type="checkbox"/> Non-Gov't	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
	<input type="checkbox"/> Gov't, Federal <input type="checkbox"/> Gov't, Provincial <input type="checkbox"/> Gov't, Municipal <input type="checkbox"/> Non-Gov't	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Total project funding required: *			\$	\$	\$	\$

Applications must demonstrate that a minimum of 50% of the total project funding required is from confirmed non-government sources.

50. Percentage of confirmed non-government funding (calculated from data provided in the table above):	%
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CONFIRMATION OF FUNDING ATTACHMENTS
51. It is mandatory that you attach proof of all confirmed funding. (attach proof here) *
52. Comments on project funding. Specifically comment on the origin and composition of your organization's confirmed funding. (maximum of 500 characters including spaces) *

53. Project Costs (all costs will be validated) *	Amount *
List the Capital and Non-capital costs you will incur during the implementation of this project (only include costs incurred after the project funding start date).	
Select an item.	\$
Select an item.	\$
Select an item.	\$
Select an item.	\$
Select an item.	\$
Select an item.	\$
Select an item.	\$

Select an item.	\$
Total Project Costs (must equal total project funding required):	\$

54. What is your highest level of prepared year end financial statements for the last two (2) years? *	<input type="checkbox"/> Externally audited <input type="checkbox"/> Review engagement <input type="checkbox"/> Notice to reader <input type="checkbox"/> Internally prepared <input type="checkbox"/> None available
55. What were your revenues from your most recent fiscal year end? *	
56. Has your organization previously received funding from Western Economic Diversification Canada? *	<input type="checkbox"/> Yes <input type="checkbox"/> No

MANAGEMENT

57. Describe your organizational capacity to complete this project. Indicate how oversight will be provided to the project. (maximum 1500 characters including spaces) *

58. Provide a list of those who will lead this project. Include relevant prior experience, education, professional designation(s), and other achievements. Highlight relevant expertise that will facilitate your project's success. (maximum 1500 characters including spaces) *

58a. Specify the size of the project management team. *

58b. Specify the number of individuals comprising the project management team who belong to each of the following groups: *

• Women	
• Indigenous peoples (First Nations, Inuit, Métis)	
• Youth (under 30 years of age)	

59. Is your organization led by a board of directors? * Yes No

60. Identify any strategic or business partnerships you are involved with that will assist in supporting your project: *

External Advisors/ Advisory Board Joint Ventures Strategic Alliances
 Angel Investors None

60a. If other than "None", explain how the strategic or business partnerships selected above will assist in supporting your project. (maximum 1000 characters including spaces) *

PROJECT TIMELINES

61. List key activities that occur between the proposed project funding start date and the proposed project funding end date. Key activities are milestones that can be tracked to ensure the project is proceeding as planned.

Key Activities *	Completion Date(s) *

62. Comments on key activities. (maximum 500 characters including spaces) *

MARKET			
63. Do you have an independent market assessment or evidence of unmet market demand? *			<input type="checkbox"/> Yes <input type="checkbox"/> No
63a. If Yes, attach your market assessment or evidence of unmet market demand.			(Attachment)
64. Does your organization currently do business in the indicated target market/sector? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	64a. If Yes, for how many years?	*
65. Competitors are operating within: *	<input type="checkbox"/> Western Canada <input type="checkbox"/> Canada <input type="checkbox"/> International <input type="checkbox"/> No competitors		
66. Describe your competition. (maximum 1000 characters including spaces) *			

ECONOMIC BENEFITS	
67. Which priority will benefit from the proposed project? (select best fit) *	<input type="checkbox"/> Clean Technology <input type="checkbox"/> Clean Resources <input type="checkbox"/> Value-added Agriculture <input type="checkbox"/> Digital Technology <input type="checkbox"/> Advanced Manufacturing <input type="checkbox"/> Life Sciences
67a. Explain your selection (maximum 500 characters including spaces): *	
68. Estimate the following direct economic benefits to your organization resulting from this project. <i>Note: these should be measured from the project funding start date to one year following the project completion date.</i> *	
Complete 68a to 68d. Where applicable, complete 68e.	Amount
68a. Number of HQP (including STEM) jobs created in Canada	*
68b. Number of non-HQP jobs created in Canada	*
68c. Revenue Growth (\$)	*
68d. Export Sales Growth (\$)	*
68e. Business sales growth resulting from commercialization (\$) (where applicable)	*
68f. Provide a detailed explanation of how your project will achieve the economic benefits estimated above. Please provide information on any other significant economic benefits that your project could achieve. (maximum 1000 characters including spaces) *	

REQUIRED ATTACHMENTS
69. It is MANDATORY that you attach a current business plan along with your year end financial statements for the last two (2) years. These must comply with the information requirements as outlined in the Applicant Guide. IT IS RECOMMENDED THAT YOU REVIEW THE <u>APPLICANT GUIDE AND INSTRUCTIONS</u> LOCATED AT https://www.wd-deo.gc.ca/eng/19761.asp PRIOR TO ATTACHING YOUR BUSINESS PLAN AND YOUR FINANCIAL STATEMENTS to ensure that they fully meet the requirements.
<input type="checkbox"/> Business Plan * <input type="checkbox"/> Technology Questionnaire (mandatory only if primary project activity selected in question 32 is "Technology Commercialization") <input type="checkbox"/> Financial Statements (if not included in business plan, attach here) <input type="checkbox"/> Forecasted income statements and cashflow (if not included in business plan, attach here)

AUTHORIZED OFFICIAL OF THE APPLICANT ORGANIZATION ACKNOWLEDGEMENTS

On behalf of the Applicant Organization, I hereby acknowledge and agree that:

- This application does not constitute a commitment from Western Economic Diversification Canada (WD) for financial assistance.
- I have read the BSP application process including the mandatory eligibility criteria located at <https://www.wd-deo.gc.ca/eng/19761.asp>.
- Project costs incurred by the Applicant Organization in the absence of a signed funding agreement with WD are incurred at the sole risk of the Applicant Organization and that any such costs may not be considered eligible for WD assistance.
- Any person who has been lobbying on behalf of the Applicant Organization to obtain a contribution as a result of this application is registered pursuant to the *Lobbying Act* and was registered pursuant to that Act at the time the lobbying occurred.
- The Applicant Organization has not, nor has any other person, corporation or organization, directly or indirectly paid or agreed to pay any person to solicit a contribution arising as a result of this application for a commission, contingency fee or any other consideration dependent on the execution of an Agreement or the payment of any contribution arising as a result of this application.
- The information provided by the applicant on this application and in all supporting documentation is collected under the authority of the *Western Economic Diversification Act*. This information will be treated in accordance with that Act and with the *Access to Information Act* and the *Privacy Act*. These laws govern, protect and limit the collection, use and disclosure of personal and confidential information by federal government departments and agencies. Information provided to WD is secured from unauthorized disclosure and use. WD acknowledges an individual's rights to privacy of their information and personal information provided on this application is described in the *Personal Information Bank* entitled "*Grants and Contributions (G&Cs) Programs*," number *WED-PPU-055*.

For further information about WD's information holdings and your rights under the *Access to Information Act* and *Privacy Act*, consult the Government of Canada's Info Source publication at <http://www.infosource.gc.ca/index-eng.asp>.

I authorize WD, its officials, employees, agents and contractors to make enquiries of such persons, firms, corporations, federal, provincial and municipal government departments/ agencies, and non-profit, economic development or other organizations as may be appropriate, and to collect and share information with them, as WD deems necessary in order to assess this application, to administer and monitor the implementation of the subject project, and to evaluate the results of the project and related Programs.

70. I have read and agree with the above applicant acknowledgements and certify that all statements and information furnished in this application are true, complete, and correct to the best of my knowledge. *

71. Name:	*	72. Title:	*	Date:	*
Signature of person with signing authority for the applicant organization:	*				