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# Application Form for SMART Program Funding December 2014



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Funding provided by the / Financement fourni par le

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## Note: This document does NOT depict the format of the online application form, however the information must be collected to apply for SMART Program Funding. Feel free to use this document to prepare and organize the content of your application. The information on this application can be transferred to the SMART online submissions.

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| Section 1: Applicant Organization Use this form to enter the required information about the Organization submitting this Application (the Applicant). Mandatory fields are marked with an asterisk (\*) and must be completed before continuing with the next section of the application.  When an organization has multiple facilities and intends to submit applications for SMART Program funding for more than one of these facilities, the same information should be supplied for the Applicant Organization in each application. If this information is not the same for each facility (if, for example, each facility is operated by a separate corporate subsidiary of the parent company), enter the specific details of the appropriate corporate subsidiary here. | | | |
| Identifying Information | | | |
| Legal Name \* | |  | |
| Business Name (if different from Legal name) | |  | |
| Type of Business Entity of Applicant \* | | Public Corporation / Private Corporation / Partnership / Sole Proprietorship / Other | |
|  | If Other, please provide details | |  |
| Date of Business Registration/Incorporation \* | |  | |
| Business Registration/Incorporation Number \* | | (9 digit CRA number) | |
| Fiscal Year End (MM/DD) \* | |  | |

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| Organization Primary Contact | | | |
| Salutation | |  | |
| First Name \* | |  | |
| Last Name \* | |  | |
| Position / Title \* | |  | |
| Email \* | |  | |
| Confirm Email \* | |  | |
| Applicant Organization Mailing Address | | | |
| Street \* | |  | |
| Suite No | |  | |
| City/Town \* | |  | |
| Province | | Ontario | |
| Postal code \* | |  | |
| Country | | Canada | |
| Applicant Organization Phone Numbers | | | |
| Telephone (including area code & extension) \* | |  | |
| Secondary (Mobile) Number | |  | |
| Fax (including area code) Number | |  | |
| Section 2: Applicant Description Use this form to enter descriptive information about the Organization submitting this Application (the Applicant). Mandatory fields are marked with an asterisk (\*) and must be completed before continuing with the next section of the application. | | | |
| Basic Information | | | |
| Total FTE Employees of Applicant in southern Ontario | | |  |
| Primary NAICS (Industry) code for applicant as a whole \* | (See last page of application) | | |
| Founding Year of Applicant \* | | |  |
| Are other facilities of Applicant applying to the SMART Program, or planning to apply? | | | Y/N/Don't know |

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| Description |
| Briefly describe your business and its history. |
|  |
| Describe your business objectives so that we can better understand the context of your proposed project. |
|  |
| Describe any critical issues confronting your business right now, such as possible closure, loss of a major customer, loss of bank lines. |
|  |
|  |
| Enter the top 3 most relevant primary customer market sectors. i.e Agriculture, automotive. Select from the list below. |
| |  |  | | --- | --- | |  | Primary Market | | 1st |  | | 2nd |  | | 3rd |  | |
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|
| **Primary Market**  Consumer Sector (firm's goods or services are sold to individual consumers)  Agriculture  Resource Sector (including forestry, mining, energy extraction/processing)  Utilities  Construction  Aerospace  Defense  Automotive  Manufacturing (general)  Consumer Services Businesses (firm's primary clients are businesses in the retail, entertainment, restaurant, tourism, hotel, etc. industries)  Wholesale Trade  Transportation and Warehousing  Professional / Business Services  Other Business Sector (specify)  Education  Health Care  Public Administration  Other institutional (specify)  Other (specify)  Does Not Apply |
|  |
| Enter the top 3 most relevant primary activity **for the project being completed** under this application. Select from the list below. |
| |  |  | | --- | --- | |  | **Primary Activity** | | 1st |  | | 2nd |  | | 3rd |  | | |  | | --- | | **Primary Activity**  Acquisition of Machinery and Equipment (excluding Information and Communication Technologies such as computers, instruments, sensors, telecom equipment, and software)  Acquisition of Information and Communication Technologies (computers, instruments, sensors, telecom  Building (including facility expansion)  Engineering (i.e, infrastructure construction projects)  Other Capital Investment or Technology Adoption (specify)  R&D for applicant's internal process improvement (including development of software for external sale or clients)  Other R&D and Software Development (specify)  Marketing Studies (including studies of foreign markets)  Outreach & Network Building  Business Strategy  Business Process Redesign/Improvement  Other Market Development, Commercialization, and Business Strategy Development (specify)  Skills Development & Training  Internships  Other People & Skills (specify)  Other (specify) | | | |
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| Sales by region: | | | | | |
| Use this section to enter sales by region for the Organization submitting this Application (the Applicant). The sales may need to be prorated for a year ending March 31. For example, if the application for funding is being submitted on December 1, you would enter the actual sales from April 1 through November 30 and provide an estimate of sales to March 31 of following year for each region. | | | | | |
|  | Ontario | | | $ | |
|  | Elsewhere in Canada | | | $ | |
|  | USA | | | $ | |
|  | Mexico | | | $ | |
|  | Europe | | | $ | |
|  | Asia | | | $ | |
|  | Rest of the world | | | $ | |
| Section 3: Applicant Financial Information Use this form to enter financial information about the Organization submitting this Application (the Applicant). Mandatory fields are marked with an asterisk (\*) and must be completed before continuing with the next section of the application. | | | | | |
| Gross Sales in Last Two years Like the sales section, the gross sales may need to be prorated for a year ending March 31. For example, for the most recent gross sales if the application for funding is being submitted on December 1, you would enter the actual sales from April 1 through November 30 and provide an estimate of sales to March 31 of following year. For previous year, enter actual sales from prior year April 1 to March 31 of current year. | | | | | |
| Gross Sales from current year \* | | | | |  |
| Gross Sales from your previous year\* | | | | |  |
| Change of Control in Last 5 Years | | | | | |
| Have there been any change(s) of ownership (control) of the applicant in the last 5 years? | | | | | Y/N |
|  | | If yes, please describe |  | | |

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| Section 4: Potential Sources of Conflict of Interest for Reviewers CME must determine whether any of the individuals who might review this Application have any conflicts of interest in performing that review. Such conflicts typically arise from financial, personal or other material interests that a potential reviewer may have in or with the Applicant’s officers, directors, shareholders, subsidiaries and related parties. Use this form to enter information about these potential sources of conflict of interest. Mandatory fields are marked with an asterisk (\*) and must be completed before continuing with the next section of the application. |
| Officers |
| Please list the officers of the Applicant |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name (indicate the Manager for the Project, if an Officer) | Title | Areas of specialty or function | Years working for the Applicant or an affiliated company | Reports to whom | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |
| Directors |
| Please list the directors of the Applicant, where applicable |
| |  |  | | --- | --- | | Name | Address | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |

## Section 4: Potential Sources of Conflict of Interest for Reviewers (cont.)

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| Shareholders |
| Please identify the individuals or companies who hold a controlling interest in the Applicant organization. (If Applicant is a public corporation, list any shareholders holding more than 10% of the voting shares.) |
| |  |  |  | | --- | --- | --- | | Name | Address | % of voting shares held | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
| Subsidiaries |
| Please identify any companies in which Applicant holds a 50% interest or more (including wholly-owned subsidiaries), along with ownership details. |
| |  |  |  | | --- | --- | --- | | Name | Address | % owned by Applicant | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
| Related Parties |
| Please list any other “related parties” (organizations controlled by the same individuals or companies listed above, and with whom the Applicant currently does business or from whom the applicant has sourced goods or services). |
| |  |  |  | | --- | --- | --- | | Name | Address | Relationship | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |

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| Section 5: Facility Where Project Will be Conducted If the Applicant Organization has only one facility, and the Applicant’s “head office” is in the same location as that facility, answer “No” to the 1st question below and proceed to the next section. If the Applicant has multiple facilities, or if the Applicant’s “head office” is located in a different location from the facility where the project will be conducted, answer “Yes” to the 1st question below and complete the rest of this section. | | | |
| Facility Information | | | |
| Is the Facility where the Proposed Project will be conducted different from the head office of the Applicant listed in Section 1? | | | Y/N |
| Facility Name | |  | |
| Mailing Address | | | |
| Street | |  | |
| Suite or Unit No. | |  | |
| City/Town | |  | |
| Province = Ont | |  | |
| Postal code | |  | |
| Physical Location | | | |
| Physical Location of Facility (if different from mailing location) |  | | |
| Phone Numbers | | | |
| Telephone | |  | |
| Fax Number | |  | |
| Contact Information | | | |
| Salutation | |  | |
| Last | |  | |
| First | |  | |
| Title | |  | |
| Telephone | |  | |
| E-mail | |  | |

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| Section 6: Project Information Use this form to enter descriptive information about the project being proposed. Mandatory fields are marked with an asterisk (\*) and must be completed before continuing with the next section of the application. | |
| Description | |
| \* Project Title | |
|  | |
| \* Short Project Description – Must be less than 200 characters | |
|  | |
| \* Full Project Description | |
|  | |
| Dates | |
| Planned Start Date |  |
| Planned Completion Date |  |
| Project Type | |
| General nature of this project | Design, Engineering and Virtual Manufacturing  Processing, Fabrication and Assembly  Inspection  Communications, Logistics and Supply Chains  Automated Material Handling  Integration and Control  Development and Implementation of Advanced Technologies or Product Development  Manufacturing and control management  Quality management  Others |
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| Section 7: Project Personnel Use this form to list the personnel associated with the proposed project. Mandatory fields are marked with an asterisk (\*) and must be completed before continuing with the next section of the application. |
| Project Personnel |
| Please list any personnel (besides the Directors & Officers listed above) who will be critical to the successful implementation of the proposed project. |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name (indicate the Manager for the Project, if an Officer) | Title | Areas of specialty or function | Years working for the Applicant or an affiliated company | Reports to whom | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |

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| Section 8: Project Benefits Use this form to describe the benefits expected from the proposed project. Mandatory fields are marked with an asterisk (\*) and must be completed before continuing with the next section of the application. | |
| General Importance | |
| Please describe the importance of this project to the Applicant and to this facility. In particular, please describe the ways you expect this project to "transform" the way you do business. | |
|  | |
| Jobs Created and/or At Risk | |
| Number of new jobs to be created over the next 2 years if this project is successful |  |
| Number of jobs at risk if this project is not successful: |  |
| Explain job creation / retained. Explain what positions you will recruit new employees for or retain existing staff. Describe the skill level of the jobs being created through the project. | |
|  | |
|  | |
| Improvements Expected | |
| List the areas of operational efficiency that will be improved if the proposed project is successful. | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Area of operational efficiency | Primary metric of efficiency in this area | Baseline measurement | Expected measurement after the project is complete | Expected financial benefit per month | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | |

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| Section 9: Project Plan Use this form to describe the major tasks and milestones associated with the proposed project. Mandatory fields are marked with an asterisk (\*) and must be completed before continuing with the next section of the application. |
| Project Tasks & Milestones |
| Please list the major activities involved in the project, along with key milestones leading up to completion of the Project. |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | # | Activity or Milestone | Description | Expected Start | Expected Completion | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |

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| Section 10: Project Budget & Funding Use this form to describe the major expenditures and funding sources associated with the proposed project. Major vendors for any one of the expenditure items, representing more than 50% of the expenditure on that item, should be identified in order to allow potential conflicts of interest to be avoided. Mandatory fields are marked with an asterisk (\*) and must be completed before continuing with the next section of the application. | | | | | |
| Expenditures | | | | | |
| Please detail planned project expenditures, and major vendor if any, in the following categories. Note that you are expected to explain all expenses directly related to the project, however only eligible costs (bolded) will be calculated for the purpose of the funding amount. | | | | | |
|  | Direct Labour |  | | Major vendor (if any) |  |
|  | Materials |  | | Major vendor (if any) |  |
|  | Training |  | | Major vendor (if any) |  |
|  | **Capital Equipment** |  | | Major vendor (if any) |  |
|  | **Installation** |  | | Major vendor (if any) |  |
|  | **Consultant Fees** |  | | Major vendor (if any) |  |
|  | Project management |  | | Major vendor (if any) |  |
|  | Other services (list) |  | | Major vendor (if any) |  |
|  | Administration |  | | Major vendor (if any) |  |
|  | Total Project Costs | *calculated* | |  |  |
| Funding Request | | | | | |
|  | SMART Project Funding Requested | | Note – this section will get updated once the eligible and non eligible costs are confirmed. | | |
|  | As % of Total Project Costs | | *Calculated – 35% to maximum $100,000* | | |
| Other Sources of Funds | | | | | |
| Identify the remaining sources and nature of financing for the Project, e.g., internal cash, external financing, other government funding, etc. | | | | | |
| |  |  |  | | --- | --- | --- | | Type | Name of Source | Amount | | Financial Institution |  |  | | Government Funding |  |  | | Internal Funding |  |  | | Angel Investments |  |  | | Other |  |  | | Total (should total project budget above) | |  | | | | | | |
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| Section 11: Project Evaluation Use this form to briefly present the key factors that will allow CME to determine how successful your project is likely to be. Mandatory fields are marked with an asterisk (\*) and must be completed before continuing with the next section of the application. | |
| Benefit Assumptions | |
| Please describe any assumptions, modeling and/or calculations that have been used in forecasting the benefits of the project, including payback period or NPV analysis. | |
|  | |
| Indicate the source of this analysis (check all that apply) | Prior consulting project  SMART Assessment SMART Diagnostics |
|  | |
| Project Experience | |
| Describe any major projects that have been undertaken in the past 5 years at this facility and indicate how that experience will be used to ensure the successful completion of the proposed project. | |
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| Partnering Experience |
| Describe your experience in partnering with outside organizations on any major projects that have been undertaken in the past 5 years at this facility. |
|  |
| Project Resources |
| Describe the resources that will be needed to complete this project successfully and explain how these will be made available to the project. In particular, describe any other assignments the project team may be responsible for over the course of the project. |
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| Skills and Capabilities |
| Describe how the skills and capabilities of key management and project personnel will contribute to the successful completion of the proposed project. |
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| Project Management and Monitoring |
| Describe how the proposed Project will be managed and monitored, and how you will determine whether the desired benefits of the project have been delivered. Indicate what project management methodology or internal financial or process control procedures will be used. |
|  |
| Measurement Systems |
| Describe the systems that are in place to measure and monitor the improvements that will result from the project. Identify who will be primarily responsible for measurement and monitoring. |
|  |
| Accounting Systems |
| Describe the accounting system in use at the facility and explain how project costs will be tracked and controlled. In particular describe how direct labour associated with the project will be captured and recorded and distinguished from labour spent on other projects. |
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| Risk Management Strategy |
| Describe what you consider to be the two or three most significant challenges associated with your project and how you will address them (examples: project management/execution, market changes, challenges with suppliers/collaborators, changes in financing, cash flow pressures, and human resources). |
|  |
| Sustainability Plan |
| Describe the key aspects of your plan that will ensure ongoing business success as a result of this project. For instance, tell us why your project plan should lead to increased competitiveness, productivity, and growth or long-term sustainability for your business. |
|  |

## 3-Digit NAICS[[1]](#footnote-1) Codes

### [311](http://stds.statcan.ca/english/naics/2007/naics07-class-search.asp?criteria=311) Food Manufacturing

### [312](http://stds.statcan.ca/english/naics/2007/naics07-class-search.asp?criteria=312) Beverage and Tobacco Product Manufacturing

### [313](http://stds.statcan.ca/english/naics/2007/naics07-class-search.asp?criteria=313) Textile Mills

### [314](http://stds.statcan.ca/english/naics/2007/naics07-class-search.asp?criteria=314) Textile Product Mills

### [315](http://stds.statcan.ca/english/naics/2007/naics07-class-search.asp?criteria=315) Clothing Manufacturing

### [316](http://stds.statcan.ca/english/naics/2007/naics07-class-search.asp?criteria=316) Leather and Allied Product Manufacturing

### [321](http://stds.statcan.ca/english/naics/2007/naics07-class-search.asp?criteria=321) Wood Product Manufacturing

### [322](http://stds.statcan.ca/english/naics/2007/naics07-class-search.asp?criteria=322) Paper Manufacturing

### [323](http://stds.statcan.ca/english/naics/2007/naics07-class-search.asp?criteria=323) Printing and Related Support

### [324](http://stds.statcan.ca/english/naics/2007/naics07-class-search.asp?criteria=324) Petroleum and Coal Product

### [325](http://stds.statcan.ca/english/naics/2007/naics07-class-search.asp?criteria=325) Chemical Manufacturing

### [326](http://stds.statcan.ca/english/naics/2007/naics07-class-search.asp?criteria=326) Plastics and Rubber Products

### [327](http://stds.statcan.ca/english/naics/2007/naics07-class-search.asp?criteria=327) Non-Metallic Mineral Product Manufacturing

### [331](http://stds.statcan.ca/english/naics/2007/naics07-class-search.asp?criteria=331) Primary Metal Manufacturing

### [332](http://stds.statcan.ca/english/naics/2007/naics07-class-search.asp?criteria=332) Fabricated Metal Product Manufacturing

### [333](http://stds.statcan.ca/english/naics/2007/naics07-class-search.asp?criteria=333) Machinery Manufacturing

### [334](http://stds.statcan.ca/english/naics/2007/naics07-class-search.asp?criteria=334) Computer and Electronic Product Manufacturing

### [335](http://stds.statcan.ca/english/naics/2007/naics07-class-search.asp?criteria=335) Electrical Equipment, Appliance and Component Manufacturing

### [336](http://stds.statcan.ca/english/naics/2007/naics07-class-search.asp?criteria=336) Transportation Equipment Manufacturing

### [337](http://stds.statcan.ca/english/naics/2007/naics07-class-search.asp?criteria=337) Furniture and Related Product

### [339](http://stds.statcan.ca/english/naics/2007/naics07-class-search.asp?criteria=339) Miscellaneous Manufacturing

1. North American Industrial Classification System [↑](#footnote-ref-1)