



# Application Form for Qualified Service Providers for SMART Assessment (SMART ATGG) December 2014

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| 1: Applicant Organization Enter the required information about the Organization submitting this Application (the Applicant). Mandatory fields are marked with an asterisk (\*) and must be completed before returning the application. | | | | |
| 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 | |  | |
| Business Registration No. | |  | | |
| HST No. | |  | | |
| Incorporated Under Laws of (e.g. Ontario, Canada) | |  | | |
| Web site | |  | | |
| Applicant Organization Mailing Address | | | | |
| Street | |  | | |
| Suite No | |  | | |
| City/Town | |  | | |
| Province | | Ontario | | |
| Postal code | |  | | |
| Country | | Canada | | |
| Applicant Organization Phone Numbers | | | | |
| Telephone | |  | | |
| Fax Number | |  | | |
| Contact Information for authorized signatory of applicant organization | | | | |
| Salutation | |  | | |
| First Name | |  | | |
| Last Name | |  | | |
| Title | |  | | |
| Direct Telephone | |  | | |
| Mobile Number | |  | | |
| Email Address | |  | | |
| 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 returning the application. | | | | |
| Basic Information | | | | |
| Total Employees of Applicant | | | |  |
| Total Number of Consultants or other personnel capable of performing SMART Assessments | | | |  |
| Founding Year of Applicant | | | |  |
| Capabilities & Experience | | | | |
| Please describe your organization’s capabilities and experience in the context of performing SMART Assessments. | | | | |
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| Brief description of your business for display on the SMART Program website (200 characters or less) | | | | |
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| Please list the professional certifications of any individuals who will be performing SMART Assessments | | | | |
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| 3: Practice Areas Use this form to describe the practice areas in which your Organization would be able to perform SMART Assessments. Mandatory fields are marked with an asterisk (\*) and must be completed before returning the application. | | |
| Practice Areas & Capacity | | |
| Please indicate the years of experience in each of the following areas. | | |
| Advanced Technologies: Design | |  |
| Advanced Technologies: Engineering and Virtual Manufacturing Technologies | |  |
| Advanced Technologies: Process and Productivity Improvement | |  |
| Advanced Technologies: Fabrication and Assembly | |  |
| Advanced Technologies: Inspection | |  |
| Advanced Technologies: Communications | |  |
| Advanced Technologies: Logistics and Supply Chain | |  |
| Advanced Technologies: Automated Material Handling | |  |
| Advanced Technologies: Integration and Control | |  |
| Advanced Technologies: Development and Implementation or Product Development | |  |
| Advanced Technologies: Manufacturing and Control Management | |  |
| Advanced Technologies: Quality Management | |  |
| Provide any relevant information regarding this experience. | (1,000 characters max) | |

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| 4: Vendor Neutrality Use this form to confirm that your Organization is not biased by financial interests in the sale of products or services aside from its own professional services. Mandatory fields are marked with an asterisk (\*) and must be completed before continuing with the next section of the application. | |
| Vendor Neutrality | |
| Does your Organization have a financial interest in the sale of any product or service aside from your own professional services? \* | Yes / No |
| If yes, please describe. Be sure to list any agreements your organization may be party to with vendors of products or services. | |
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| 5: Client References Use this form to list clients for whom your organization has provided consulting services in the practice areas selected on Page 4 above over the last 3 years. You may list any number of projects, but substantial experience in any given practice area must be demonstrated in order to be eligible to offer SMART Assessments in that area. SMART Program staff may contact any company listed to confirm their experience with your organization. |
| Client References |
| Please list client references and projects over the last 3 years in the practice areas selected on Page 4. Include any supporting documentation i.e. success stories, published articles etc. |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Client Company | Company Location | Decision-maker Contact | Contact Title | Contact Telephone | Contact E-mail | Brief Project Description | Project Start & End | Practice Areas | Project Outcome | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |

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| 6: Consultant References – for multiple consultants only Use this form to list references for each of the consultants that will be participating in the program. A minimum of three (3) references should be provided per consultant – preferably references by clients of your organization. Use additional forms if required. SMART Program staff may contact any company listed to confirm their experience with your organization. |
| Consultant References |
| Please list client references and projects over the last 3 years in the practice areas selected on Page 4. Include any supporting documentation i.e. success stories, published articles etc. |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Consultant Name | # of years with organization | # of assessments completed | Company Location | Decision-maker Contact & Title | Contact Telephone | Contact E-mail | Brief Project Description | Practice Areas | Project Outcome | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |

## 7: Submission

A non-refundable fee per the schedule below by cheque must be returned along with the copy of the application. The fee will cover the cost of administering the application.

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| Number of SMART service providers applying | Fee | HST | Total |
| 1 participating consultant | $1,000.00 | $130.00 | $1,130.00 |
| 2 participating consultants | $2,000.00 | $260.00 | $2,260.00 |
| 3 participating consultants | $3,000.00 | $390.00 | $3,390.00 |
| 4 - 10 participating consultants | $3,500.00 | $455.00 | $3,955.00 |
| More than 10 participating consultants | $7,500.00 | $975.00 | $8,475.00 |

Payments can be made by credit card or cheque/bank draft payable to "Canadian Manufacturers & Exporters". If paying by credit card, please fill out the credit card payment authorization section below.

**Credit Card Payment Authorization**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name on Card: | | |  | | | | | | | |
| Card Number: | | |  | | | | | | | |
| Card type: |  | Visa | | |  | Mastercard | |  | Other (specify): |  |
| Expiration Date (mm/yy): | | | |  | | | Authorized Amount to be charged: | | |  |
| Signature | | |  | | | | | | | |

If paying by credit card, you may submit your application along with supporting documentation via email to [**qsp@cme-smart.ca**](mailto:qsp@cme-smart.ca).

If submitting by mail, forward the application, supporting documentation and cheque/draft to:

**Canadian Manufacturers & Exporters**

55 Standish Court #620

Mississauga, ON

L5R 4B2

Attention: SMART Program QSP Applications