

Small Business Assistance Application

CONTACT INFORMATION

Business name: _____

Contact first name: _____ Contact last name: _____

Civic address: _____

Mailing address: _____

City, Town, Community: _____ Province: _____ Postal code: _____

Telephone: _____ Cell phone: _____

Email: _____ Website: _____

BUSINESS INFORMATION

Are you registered to do business in PEI? YES NO Business number (BN): _____

Is the business a new or existing business? New, operating 12 months or less
 Existing business, operating greater than 12 months

Form of business: Sole proprietor Partnership To be incorporated
 Incorporated Cooperative Other

Business Category:

- | | |
|--|--|
| <input type="radio"/> Art, Entertainment, Recreation & Culture | <input type="radio"/> Renewable Energy |
| <input type="radio"/> BioScience | <input type="radio"/> Retail |
| <input type="radio"/> Construction | <input type="radio"/> Service |
| <input type="radio"/> Craft & Giftware | <input type="radio"/> Tourism/Accommodation |
| <input type="radio"/> Food & Beverage | <input type="radio"/> Transportation & Warehousing |
| <input type="radio"/> Information Technology | <input type="radio"/> Other _____ |
| <input type="radio"/> Manufacturing & Processing | |

Provide a description of the business's operations:

Is the income from this business the applicant's primary source of income?
(Excludes: pension, investment, rental and other sources of passive income)

YES

NO

Number of current employees on PEI, excluding owner
(minimum of 560 hours per year)

What is the business's estimated annual gross revenue?

_____ \$ _____
Year end date Amount

What is the business's current gross revenue to date (January 1- present)?

\$ _____

Does the business have export sales (ships off PEI)?

YES

NO

If yes, what were the previous year's export sales?

\$ _____

PROJECT INFORMATION

Identify the main focus of the project

Select all that are appropriate:

Financial/Business Planning

Market Research/Planning

Human Resource Planning

Marketing and Promotion (New Business)

Quality/Productivity Improvements

Other _____

Provide a detailed description of the project (be specific)

Explain how this project will benefit the business

Start date: _____

End date: _____

(Note: Request for payment must be made within 3 months of the end date)

If you are applying for marketing and promotion and do not have a quote, a detailed cost document must be uploaded outlining project details and cost.

Financial/Business Plan or Market Research	\$ _____
Professional Consulting	\$ _____
Marketing and Promotion (New business)	\$ _____
Total	\$ _____

Note: you must attach service provider quotes when submitting your application.

Will the business receive funding from other government sources for this project? YES NO

If yes, provide details of other potential funding sources

Additional Comments

APPLICANT'S DECLARATION, CONSENT AND DISCLOSURE AGREEMENT

- I declare that the information I have provided to the Government of Prince Edward Island on this application and attachments is to the best of my knowledge and ability, true, accurate, and complete in every respect.
- I agree that by submitting this application, I am giving permission for the collection, use, and disclosure of my personal or business information with other government departments, agencies, organizations, and permission to use information provided in previously submitted program applications for the purpose of confirming eligibility for Small Business Assistance.
- The applicant consents to having Innovation PEI make any inquiries of such persons, firms, or corporations as it deems necessary in order to reach a decision on this application.

Signature of authorized official: _____ Date: _____

Print name of authorized official: _____ Title: _____

Please submit your completed application and attachments to Innovation PEI.

94 Euston Street, PO Box 910, Charlottetown, PE C1A 7L9

Phone: (902) 368-6300 * Email: business@gov.pe.ca * www.innovationpei.com