

Digital Adoption Program

To complete the form, DOWNLOAD and SAVE it to your computer, then type in the requested information in the fields below. For additional information, please refer to the Digital Adoption Program Guidelines and FAQs.

ALL QUESTIONS MUST BE ANSWERED. If the response is not applicable, please write “n/a”.

GENERAL INFORMATION:

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| Business Name <i>(Legal registered name if incorporated)</i> | |
| Business Name <i>(Operating as)</i> | |
| Business Identification No. <i>(Nova Scotia Registry of Joint Stocks)</i> | |
| Business Civic Address | |
| Business Mailing Address <i>(If different from civic address)</i> | |
| County | |
| Contact Name: | |
| Telephone: (xxx) xxx-xxxx | |
| Mobile: (xxx) xxx-xxxx | |
| Email | |
| Website | |
| What is your company's primary industry code <i>(as per NAIC 4-digit industry group)</i> ? NAIC Code Lookup https://www23.statcan.gc.ca/imdb/p3VD.pl?Function=getVD&TVD=1181553 | |

BUSINESS INFORMATION:

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| When was your business established in Nova Scotia (YYYY)? | |
| Do you operate as a Nova Scotia subsidiary of an international company? If yes, please explain below. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | |
| What is your business' fiscal year end date (MM/DD)? | |
| As it relates to the project outlined in this application , have you applied for or received other funding (federal, provincial, and municipal)? If yes, please indicate \$ amount and sources. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | |

| | Last Fiscal Year | Two years ago |
|----------------------------------------------------------------|------------------|---------------|
| Total revenue: | | |
| Total revenue from outside Nova Scotia: | | |
| Total capital investment: | | |
| Total number of Nova Scotia Full Time Equivalents (FTEs)*: | | |
| Total number of non-Nova Scotia Full Time Equivalents (FTEs)*: | | |
| Total payroll: | | |
| Number of countries currently exporting to: | | |

Section 1 – Understanding Your Business

This section is designed to help us gain an understanding of your business.

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| 1. Provide a brief description of your business and the products and/or services it offers. |
| |

Section 2 – Understanding the Project

The goal of this program is to help companies quickly adopt digital tools and innovations to help manage impacts related to COVID-19. This section is designed to provide a comprehensive understanding of the project and its benefits to the business.

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|--------------------------------------------|
| 1. Summarize the project to be undertaken. |
| |

2. What are the anticipated benefits to your business of this project? Provide specifics and quantify where possible.

Section 3 – Understanding the Required Assistance

| BUDGET ESTIMATE | Provide costs in Canadian Dollars . Use the base amount <u>without</u> GST, HST, PST and QST which are not eligible. | |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------|--|
| | | |
| Description of the Expense | Cost | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Cost: | | |

Estimated project completion date: _____

Section 4 – Business Standing and Authorization

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Is your business duly registered and otherwise authorized to carry on its business in the Province of Nova Scotia, including all necessary licenses, permits and permissions, in good standing? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are there any outstanding or pending claims/litigation against the business or its principals? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are there, or is there any basis for, any claims, injunctions, judgements, orders, legal or administrative actions or similar proceedings against your business? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If your business is not duly registered, there are any outstanding or pending claims, and/or there are any legal proceedings against your business, please provide additional documentation and submit with this application | | |

On behalf of the business identified above, I hereby submit the application for the Digital Adoption Program. I **certify** that I am an authorized officer of the business and that the information provided in this application and its attachments is true and correct to the best of my knowledge and belief.

I **agree** to comply with the terms stated in the program guidelines, including reporting requirements (if any). I **acknowledge** and **agree** to allow Nova Scotia Business Inc. or a designate to make any enquiries of such persons, firms, corporations, and federal and provincial government agencies/departments required to collect and to share information with them, including personal information as defined in the [Freedom of Information and Protection of Privacy Act](#), as Nova Scotia Business Inc. deems necessary, in order to reach a decision on this application; to administer and monitor the implementation of the subject program; and to evaluate the results of the program upon completion. I hereby waive confidentiality of such information and agree that its collection and disclosure will not be the basis of any liability, claim or order against Nova Scotia Business Inc.

Should the business be a successful applicant, on behalf of the business, I hereby **give** Nova Scotia Business Inc. permission to release the name of the business and program details in any form and through any media for purposes of marketing this program.

By signing below, I consent to Nova Scotia Business Inc. releasing my contact information to any third party service providers retained for the purposes of evaluation of the program, as well as to the information collected through the application process, and program delivery, being stored and/or accessed outside of Canada on servers not belonging to NSBI, or the government of Nova Scotia. Please review our Information Access procedures and Privacy statement.

This consent is valid whether your application is successful or not. I agree to being contacted by any such third party service providers and will cooperate with them in the collection of information for the evaluation of this program. I further agree to release Nova Scotia Business Inc. and its staff from any claims, causes of action, suits, actions and liabilities of every nature and kind whatsoever arising from, as a result of or in any way related to the aforementioned authorized release of contact information and subsequent collection and use of information.

I authorize, certify and agree to all the terms above.

| | |
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| Authorized Officer Name | |
| Job Title | |
| I certify that I am an authorized officer of the business and that the information provided in this application and its attachments is true and correct to the best of my knowledge and belief. | |
| Date (MM/DD/YYYY): | |

Applications will be deemed ineligible unless you receive a confirmation of receipt from dap@nsbi.ca.