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## APPLICATION FORM - Digital Marketing Asset Development Program

### GENERAL INFORMATION

Business Name (Legal registered name if Incorporated)	
Business Name (Operating As):	
Business Identification Number (Nova Scotia Registry of Joint Stocks):	
Business Civic Address:	
Business Mailing Address (If different than Civic Address):	
County:	
Project Contact Person:	
Title:	
Telephone: (xxx) xxx-xxxx	
Mobile: (xxx) xxx-xxxx	
E-mail Address:	
Website:	

Primary NAICS\* (North American Industry Classification System) Code: \_\_\_\_\_

\*For more NAICS definitions, go to <https://www23.statcan.gc.ca/imdb/p3VD.pl?Function=getVD&TVD=1369825&HPA=1>

## BUSINESS INFORMATION

When was your business established (YYYY)?		
Is your company headquartered in Nova Scotia?	YES	NO
Do you have a product with a potential to be sold outside of Nova Scotia?	YES	NO
Are you planning to attend any trade events in the next 12-18 months? If so, please provide details.	YES	NO
Please articulate how the Program will help support your on-going sales and digital marketing strategy.		
Please provide your account names for all of your social media channels.		

## INVEST NOVA SCOTIA REQUESTED ANNUAL CLIENT DATA

	Last Fiscal Year	Two Years Ago
Fiscal year end date: (mm/dd/yyyy):		
Total Revenue:		
Total Revenue from outside Nova Scotia:		
Total Revenue from outside Canada:		
Total of Nova Scotia Full Time Equivalentents (FTEs):		
NS Payroll:		
NS Capital Investments (eg. buildings, equipment, etc.):		
BERD Expense Total R&D Expenditures (as per line 103 on CRA from T2 SCH 340 E):		
Please List Countries currently exporting to:		

## VOLUNTARY DECLARATION

Businesses of diversity are businesses that are 51% owned, managed, and operated by recognized underrepresented groups. Please self-identify your organization as appropriate:

2SLGBTQ+	Aboriginal and/or Indigenous Peoples	Immigrant
Racially Visible ( <i>Visible Minorities</i> )	African Nova Scotian	Persons with Disabilities
Veterans	Women	

## AUTHORIZATION

On behalf of the business identified above, I hereby submit the application for the Digital Marketing Asset Development 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 and requirements to be in compliance with the laws of Nova Scotia and Canada, including but not limited to the [Income Tax Act](#) (Canada), the [Environment Act](#) (Nova Scotia), the [Occupational Health and Safety Act](#) (Nova Scotia), the [Labour Standards Code](#) (Nova Scotia), and the [Accountability in Economic Development Assistance Act](#) (Nova Scotia).

I acknowledge and agree to allow Invest Nova Scotia 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 Invest Nova Scotia deems necessary, in order to reach a decision on this application; to administer and monitor the implementation of the subject project; and to evaluate the results of the project and this program after project 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 Invest Nova Scotia.

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

By signing below, you consent to Invest Nova Scotia releasing your contact information to any third party service providers retained for the purposes of evaluation of the program. This consent is valid whether your application is successful or not. You agree to being contacted by any such third party service providers and will cooperate with them in the collection of information for evaluation of the program. Annually, for two (2) years following the completion of the Project, the Company shall participate in Invest Nova Scotia's corporate data collection process. Invest Nova Scotia may request data on the impact of the Program to the Company's business including, but not limited to, sales, cost reductions, productivity improvements, enhanced competitiveness, increased profits, improved product quality, payroll and other factors which Invest Nova Scotia considers relevant. Failure to participate in the data collection process within the given timeline may impact the Company's future funding and application eligibility with Invest Nova Scotia. You further agree to release Invest Nova Scotia and its staff from any claims, causes of actions, 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. If you do not consent to the disclosure of your contact information, you cannot participate in this application.

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

Authorized Officer Name:

Job Title:

Signature:

You can use "View→Tools → Fill & Sign" to upload or generate your signature

Date (mm/dd/yyyy):