

APPLICATION FORM

Supplier Diversity Certification Pilot 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 **Supplier Diversity Certification Program Guidelines**.

ALL QUESTIONS MUST BE ANSWERED. IF THE RESPONSE IS NOT APPLICABLE, PLEASE WRITE “n/a” in the text box.

A. PROGRAM APPLICATION

1. GENERAL ELIGIBILITY

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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any outstanding or pending claims/litigations, injunctions, judgements, orders, legal or administration actions, or similar proceeding against the business, its principals and/or its related business(es)? If you have answered “yes”, please explain below.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<div style="border: 1px solid black; height: 80px;"></div>	
Is the business, its principals and/or any related business in default of any obligations under any other form of financial assistant or incentive program provided to the business by Invest Nova Scotia, the province of Nova Scotia, or by any agency of the Province of Nova Scotia including the Credit Union Small Business Loan Guarantee Program? If you have answered “yes”, please explain below.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<div style="border: 1px solid black; height: 80px;"></div>	
As it relates to this certification, have you received other funding (federal, provincial, or municipal)? If yes, please indicate dollar amount and source.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<div style="border: 1px solid black; height: 80px;"></div>	
Are the majority of your employees based in Nova Scotia?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

2. UNDERSTANDING YOUR BUSINESS

Briefly describe your business and the products and/or services it offers.

Describe your strategy to sell your products and/or services outside of Nova Scotia.

3. EXPORT CHALLENGES

Briefly describe the export challenges your business is currently facing.

B. ACCOUNT INFORMATION

1. BUSINESS INFORMATION

Business Name (Legal registered name, if incorporated)	
Nova Scotia Registry of Joint Stocks (NS RJS) number.	
If your company operates as a Nova Scotia subsidiary, please provide the legal name of the parent company.	
When was your business established in Nova Scotia (YYYY)?	(YYYY)
What is your company's primary industry code (as per NAICS 4-digit industry group)?	
Please indicate if your company sells goods, services, or both from Nova Scotia.	<input type="checkbox"/> Goods <input type="checkbox"/> Services <input type="checkbox"/> Both
Website:	
Please indicate your company type (Sole Proprietorship, Partnership, or Corporation).	<input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
For Sole Proprietorship or Partnership Only: Please provide the name of each owner of the company.	
Sole Proprietorship	
Partnership	
What is the most recent fiscal year end date for your company in Nova Scotia (YYYY)?	(YYYY)

Businesses of diversity are businesses that are 51% owned, managed and operated by recognized underrepresented groups. Please self-identify as appropriate and select from the businesses of the diversity categories below. (More than one category can be selected.)

- | | | |
|--|---|--|
| <input type="checkbox"/> 2SLGBTQIA+ | <input type="checkbox"/> Indigenous Peoples | <input type="checkbox"/> Immigrant |
| <input type="checkbox"/> African Nova Scotian | <input type="checkbox"/> Black Nova Scotian | <input type="checkbox"/> Other Racialized Groups |
| <input type="checkbox"/> People living with disabilities | <input type="checkbox"/> Veterans | <input type="checkbox"/> Women |

2. ADDRESS

Civic Address: Street, City, Province, Postal Code	
County	
Mailing Address: Street, City, Province, Postal Code	
County	

3. COMPANY CONTACTS

Main Contact: This person will be the main contact for Invest Nova Scotia for any information requests.

First and Last Name:	
Job Title:	
Email Address:	
Phone Number (XXX-XXX-XXXX):	-

C. 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 of Nova Scotia Full Time Equivalentents (FTEs*):		
Nova Scotia Payroll:		
Nova Scotia Capital Investments (e.g. buildings, equipment, etc.):		
BERD Expense** Total R&D Expenditures (as per line 103 on CRA from T2 SCH 340 E):		
List the countries to which you are currently exporting, if any.		

*An FTE is the equivalent of one person working full time. Full time is considered to be 2,000 payroll hours for the year. To calculate the number of FTEs for your organization, calculate the total payroll hours worked per fiscal year by all employees, then divide by 2,000.

Note: FTE is not the total number of employees. Each employee is counted only once.

Examples: 1 staff working full time = 1 FTE
 2 staff each working 4 hours per day, 5 days per week = 1 FTE
 Total payroll hours for all staff of 13,200 = 6.6 FTE (13,200 / 2,000)

**Business Enterprise Research & Development

D. AMOUNT REQUESTED

The amount must match invoice provided by certifying body.	
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E. DOCUMENT CHECK LIST

- Completed application form.
- Confirmation of successful awarding of certification from one of the five certifying bodies noted above.
- Invoice from the certifying body.
- Proof of payment of the above invoice such as credit card/bank statement, copies of the front and back of cheques (indicating that they have been cashed at a financial institution) or a wire or e-transfer receipt that shows the status of the transaction as “completed” or “confirmed.”
- Completed Invest Nova Scotia direct debit form.

F. AUTHORIZATION

On behalf of the applicant business, I hereby submit this application for the Supplier Diversity Certification Pilot Program (the “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 understand that providing a fraudulent application is a serious offence. If for any reason it is determined that the applicant business was ineligible for the Program after receiving the incentive, I understand that the applicant business will be required to repay the incentive.

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), and the [Labour Standards Code](#) (Nova Scotia), as well as the [Accountability in Economic Development Assistance Act](#) (Nova Scotia), if applicable.

I **authorize** Invest Nova Scotia or its 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 business information and 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 Activities; and to evaluate the results of the Activities and this Program after the Activities are completed. I acknowledge the requirements of the [Personal Information International Disclosure Protection Act](#) (Nova Scotia) and also **authorize** Invest Nova Scotia or its designate to provide any business or personal information deemed necessary to the Program Partners even if outside Canada. 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 the assistance in any form and through any media for purposes of marketing this Program. By signing below, I **consent** to Invest Nova Scotia releasing the business contact information to any third-party service providers retained for the purposes of evaluation of the Program. This consent is valid whether the application is successful or not. On behalf of the business, I agree to being contacted by any such third-party service provider 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 Activities under the Program, the business 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 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 business’s future funding or assistance and application eligibility with Invest Nova Scotia. I also understand that information completed in the businesses of diversity section of the application will be used by Invest Nova Scotia for the purposes of: **(1)** making businesses of diversity aware of Inclusivity, Diversity, Equity, and Accessibility (IDEA) opportunities and programming available through Invest Nova Scotia and its partners, and **(2)** measuring the participation of businesses of diversity in Invest Nova Scotia export development programs and services. 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 I **agree** to release Invest Nova Scotia 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, information in my business account record and subsequent collection and use of information. If I do not consent to the disclosure of contact information, I understand that I cannot participate in this application, nor can the business apply.

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):	

Submit completed application form via email to:
Jady Cossi, Export Development Executive Invest Nova Scotia
jady.cossi@investnovascotia.ca