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Confidential Application for Assistance Participant Profile

A) ACTIVITY/EVENT DESCRIPTION
1. Name of activity/event:
2. Date(s) of activity/event:
3. Location of activity/event:
B) PARTICIPANT INFORMATION
4. Name and title of participant:
5. Name of company/organization:
6. Address
a) Street Address:
b) P.O. Box:
c) Province:
d) City:

e) Postal Code:	
f) Telephone:	
g) Fax:	
h) E-mail:	
i) Website:	
j) Cell Number:	
k) Signing Officer(s):	
l) Number of Employees (other than yourself):	
m) Is your company a registered company: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide a copy of your company's registration)	
n) Is your company entitled to a HST rebate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what percentage? _____ %	
o) How many years has your company been in existence? (Please specify)	
p) Which would best describe your business?	
q) My company is currently a member with the Cape Breton Centre for Craft and Design <input type="checkbox"/> Yes <input type="checkbox"/> No	
r) I am interested in receiving information about how to become a member of the Cape Breton Centre for Craft and Design and would like to learn more about their programs and services. <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Company/organization business number & HST number	
Business #: HST #:	
8. Description of company/organization (include description of products and services)	
9. Profile (choose the option that best describes you/your organization):	

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10. Company/organization ownership (50% +):	
<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Youth (Under 35 years of age)
<input type="checkbox"/> Woman	<input type="checkbox"/> Francophone
<input type="checkbox"/> Not Applicable	

11. Sector/Industry - (Please check all that apply to your business type)	
<input type="checkbox"/> Aerospace and Defense	<input type="checkbox"/> Environmental Industries
<input type="checkbox"/> Building Products	<input type="checkbox"/> Food and Beverage <input type="checkbox"/> Specialty Foods
<input type="checkbox"/> Consumer Products If "Other", please specify _____	<input type="checkbox"/> Information and Communication Technologies
<input type="checkbox"/> Cultural Industries	<input type="checkbox"/> Life Sciences and Biotech
<input type="checkbox"/> Education and Training	<input type="checkbox"/> Oceans Technologies
<input type="checkbox"/> Energy	<input type="checkbox"/> Transportation (Atlantic Gateway)

12. Sales Profile (Please check all that apply)	
a. <input type="checkbox"/> Not applicable (for not-for-profit organization or government)	
i. Total sales revenues generated within Canada last year were:	

iii. Top three export markets outside of Canada are:		
1st	2nd	3rd
If Europe - West, specify which market:	If Europe - West, specify which market:	If Europe - West, specify which market:
If Other, specify which market:	If Other, specify which market:	If Other, specify which market:

13. My objective in participating in this activity/event is to: (Select top three)
<input type="checkbox"/> Gather information on a new market
<input type="checkbox"/> Maintain a presence in the market
<input type="checkbox"/> Gather intelligence on competition
<input type="checkbox"/> Meet existing clients/distributors/agents/partners
<input type="checkbox"/> Introduce a new product/service to the market
<input type="checkbox"/> Find new agents, distributors and/or partners
<input type="checkbox"/> Identify potential alliances
<input type="checkbox"/> Identify sales leads
<input type="checkbox"/> Seek investment opportunities (FDI/CDIA*)
<input type="checkbox"/> Seek on-site sales
<input type="checkbox"/> Research new technologies/equipment/processes
<input type="checkbox"/> Source new product/services

14. Other Sales and Exporting Information	
a. How do you currently sell your products? (Please check all that apply and the percentage of sales from each method)	
<input type="checkbox"/> Own Studio/Workshop _____%	<input type="checkbox"/> Consignment _____%
<input type="checkbox"/> Craft Shows _____%	<input type="checkbox"/> Custom Order _____%
<input type="checkbox"/> Gallery _____%	<input type="checkbox"/> Other (Please specify): _____%
<input type="checkbox"/> Website _____%	
i. My company/organization:	
<input type="checkbox"/> Does not currently have a marketing plan for Canada.	<input type="checkbox"/> Has a marketing plan for Canada. (Please provide a copy with application.)
ii. My company/organization sells the following products/services within Canada:	
iii. My company:	
<input type="checkbox"/> Is not export market ready.	<input type="checkbox"/> Is export ready. (Please provide evidence of market readiness in an additional document.)
iv. My company/organization currently has an export marketing plan for the following markets (please specify):	
v. My company/organization exports the following products/services:	
vi. My company plans to develop an export marketing plan for the following markets (please specify):	
vii. My company is currently registered with the Virtual Trade Commissioner (WIN Exports) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Note: If you are not registered with the Virtual Trade Commissioner (WIN Exports), please go to https://goo.gl/EHyaXv and register for your free membership. Once you have signed up, please print off a copy of your registered profile and include with this application.</p>	

Are you expecting to receive funding from any other sources to complete this project?	<input type="checkbox"/> Yes – Please specify from where: <hr/>
Please feel free to provide any additional information that we could use to evaluate the benefits of this project to your business.	<input type="checkbox"/> No

The Cape Breton Centre for Craft and Design is offering this program with the financial support of the Government of Canada and as such, representatives of the Atlantic Canada Opportunities Agency (ACOA) are permitted access to the files developed under this program for monitoring and evaluation purposes. Please note that all individuals applying for, and receiving funding under this program, may be contacted from time to time by representatives of ACOA as part of the monitoring and evaluation of this program.

Note:

A services survey will be forwarded to you within a few days after the completion of your participation to review the short-term results of this activity/event.

Signature of Applicant

Date

Submit To:

Stephanie Dupuis, Craft Business Development
 Manager, Cape Breton Centre for Craft and Design
 (902) 539-7491 ext. 115

Drop Off: 322 Charlotte Street, Sydney, Nova Scotia

Mail To: PO Box 1686, Sydney, Nova Scotia, B1P 6T7

Email To: stephanie@capebretoncraft.com