

## Applicant Information

Company Name:

(include operating name if different from legal name)

Mailing Address:

City:

Province:

Postal Code:

Website:

Project Contact:

Title:

Email:

Phone:

## Consultancy Services Information

Service Provider:

Address:

Website:

Contact Name:

Email:

Phone:

*(A formal scope of work or quote from a consultant must accompany the application. Applicants are encouraged to submit supporting RFPs/documentation and other materials in support of demonstrating the terms of engagement with proposed consultant)*

## Project Details

Project Start Date:

Project End Date:

Total Value of Contract:

Location of Services Provided:

Please explain what advisory/consultancy services you are procuring.

Please explain, in detail, how these services will advance market diversification for your company. *(A formal scope of work or quote from a consultant must accompany the application. Applicants are encouraged to submit supporting RFPs/documentation and other materials in support of demonstrating the scope of work and terms of engagement with proposed consultants)*

## Application Agreement

Our company is in compliance with all required municipal, provincial and federal regulations, licenses and certifications. (i.e. business licenses, GST, CGC certification)      Yes      No

Have you applied or will you be applying for any other funding assistance from provincial, federal or other sources for these services?      Yes      No

If yes, which funding source and what costs will the funding cover?

## Applicant Declaration and Consent

I hereby declare the following:

- The information on this application is complete, true and accurate.
- The information contained in this application will be used to assess eligibility for the Business Advisory Services Funding Program.
- I understand reimbursement of eligible costs will not be issued until the conclusion of the project and proof of payment has been provided.
- I understand I will be required to submit a project report, receipts and proof of payment and any other related documentation within 21 days of the project end date.
- I understand the maximum amount of reimbursement will not exceed 50% of costs to a maximum of \$5,000.00 CAD per STEP's fiscal year (April 1 – March 31).
- I understand that this application becomes a valid contract when signed by the application and approved by Saskatchewan Trade and Export Partnership (STEP).
  - Misrepresentation of any information as provided on this application or any supporting documentation may result in the return of funds to STEP as well as the applicant company being restricted from any future applications or use of funds.
- I understand STEP reserves the right to refuse applications, to determine products and services eligible and to determine the scope of assistance.
- The application indemnifies STEP from any liability whatsoever.

## Claims For Payment

Within twenty-one (21) days of project completion, the application company must submit to STEP the project report, Evaluation Form and receipts along with proof of payment for all eligible expenses incurred in relation

to the services provided. *(Copies of invoice, receipts, cancelled cheques, and bank statements are acceptable)*

- a) Upon receipt of all required documentation, reimbursement will be issued by EFT within four weeks in Canadian dollars.
- b)
- c) The EFT will be sent out to the company/legal entity, not the individual.
- d) If the application is unable to meet the conditions and timelines noted above, then he/she will be considered in default of the program, his/her eligibility will be rescinded and he/she will not receive reimbursement.

On behalf of my company, I hereby make application for financial assistance as described in the Business Advisory Services Funding Program application form, and agree that if the application is approved, I will comply with the terms and conditions in this contract.

Date:

Company:

Signed:

Title:

**Submit application by email to [stepfunding@sasktrade.sk.ca](mailto:stepfunding@sasktrade.sk.ca).**

***CONFIDENTIALITY NOTICE: The information gathered from this form is intended only for internal office use only under the Business Advisory Services Funding Program. All information gathered will be kept confidential and for evaluation purposes only.***

FOR STEP INTERNAL USE ONLY:

Membership Status: \_\_\_\_\_ Percentage Approved: \_\_\_\_\_

\_\_\_\_\_  
Sr. VP, Membership and  
Corporate Development

\_\_\_\_\_  
Date

\_\_\_\_\_  
VP, Trade Development

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director, Trade Development

\_\_\_\_\_  
Date