



**Remote Access Technology Intake Form**

**BUSINESS INFORMATION**

Business Name:			
Business #:		Master Business Licences (if applicable)	
Main Business Activity / Services / Products:			
Owner / Contact person:			
Address:			
Phone No.		Phone No.	
Email:		Years in Business	

Have you received a contribution from this program previously? If yes, please state when and provide a description of what was purchased:

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**REQUEST**

What is your request:			

How will this help your business:			
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How will this help create or maintain jobs:			
How many jobs will be created?		How many maintained:	
<b><i>Please provide detailed information about the software, product, or service that you wish to purchase And attach a quotation from the intended supplier / provider.</i></b>			
<b>Note: There is a maximum non repayable contribution for this program of \$1,000.</b>			
Item 1:		\$ Amount:	
Item 2:		\$ Amount:	
Item 3:		\$ Amount:	
			<b>Total \$</b>
<b>VENDOR INFORMATION (FOR AUDIT / VERIFICATION)</b>			
Name of vendor/service provider:			
Address (if applicable):			
Phone:		Email:	

**INFORMATION SHARING AND PRIVACY ACKNOWLEDGEMENT**

The Applicant acknowledges that, as the operation of the Corporation is financially supported by the Government of Canada, representatives of Industry Canada are permitted access to the files of the Corporation for monitoring and evaluation purposes and that the Applicant may be contacted by representatives of Industry Canada and that, such information as is acquired by the Ministry will be treated as confidential.

The Applicant consents to his or her personal and business information being collected, used, retained, and disclosed by the Corporation for the limited purposes as set out above. The Applicant further

**Signatures**

understands that under Federal privacy law, he or she has access to the information held by the Corporation and knows to refer to the Corporation's Privacy Policy or contact the Chief Privacy Officer if a question or concern arises about the handling of the Applicant's personal information.

Applicant: \_\_\_\_\_ Date: (DDMMYY)

\*The applicant acknowledges that if the non-repayable contribution is approved that the funds will be dispersed in good faith; and that the applicant will submit proof of purchase within 30 days.

Program Coordinator: \_\_\_\_\_ Date: (DDMMYY)

Executive Director: \_\_\_\_\_ Date: (DDMMYY)

<b>Notes (Program Coordinator):</b>	
Covid elated Short term impact Long term impact Invoices / receipts provided. Date:	Initials: