

ScaleUP Advisory Fund Application

Up to \$4,000 in advisory services to help you scale your small business

Presented in partnership with:

ST. CATHARINES
ENTERPRISE CENTRE



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St. Catharines, ON

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4321 Queen Street
Niagara Falls, ON

905-356-7521 ext 5004
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PLEASE COMPLETE THE FOLLOWING COMPANY PROFILE

COMPANY NAME:

LEGAL STRUCTURE: Sole Proprietorship Partnership % Owned ____ Incorporation Franchise

ADDRESS:

CONTACT:

INDUSTRY:

DATE ESTABLISHED:

OF EMPLOYEES:

MANAGEMENT TEAM:

ANY PREVIOUS GOVERNMENT FUNDING RECEIVED:

ARE YOU CURRENTLY ENROLLED IN ANY SELF-EMPLOYMENT/ENTREPRENEURIAL TRAINING AND/OR FINANCING PROGRAMS OFFERED BY GOVERNMENT FUNDED ORGANIZATIONS: Yes No

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE IN CANADA? Yes No

ARE YOU CURRENTLY ATTENDING SCHOOL? Yes No

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PLEASE COMPLETE THE FOLLOWING COMPANY PROFILE

DESCRIPTION OF YOUR PRODUCT/SERVICES:

MARKET OPPORTUNITY:

VALUE PROPOSITION (CUSTOMER PROBLEM & TARGET CUSTOMER, SOLUTION, COMPETITIVE ADVANTAGE):

REVENUE MODEL:

MILESTONES

3 MONTHS:

6 MONTHS:

12 MONTHS:

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PROPOSED PROJECT INFORMATION

PROJECT NAME/TYPE:	
WHAT OBJECTIVES, WITH ScaleUP HELP, WILL YOUR COMPANY ACHIEVE WITHIN THE NEXT 3-4 MONTHS? WHAT CHALLENGE(S) DO YOU HOPE THIS FUNDING WILL ADDRESS? HOW DO YOU EXPECT THIS PROJECT WILL ADVANCE YOUR PRODUCT OR SERVICE AND IMPACT YOUR BUSINESS IN THE NEXT YEAR (MAX. 150 WORDS)?	
WHAT AREA(S) OF YOUR BUSINESS WOULD THIS PROJECT ASSIST (I.E. SALES, PARTNERSHIPS, MARKETING, STRATEGIC PLANNING, INVESTMENT, FINANCING, INTELLECTUAL PROPERTY, REGULATORY AND CERTIFICATION, ETC.) (MAX. 150 WORDS)?	
AMOUNT REQUESTED (UP TO \$4,000 CAD TOTAL INCL. TAXES):	EXPECTED PROJECT LENGTH (NOT TO EXCEED 2 MONTHS/8 WEEKS):
PERSONAL CONTRIBUTION: (UP TO \$2,000 CAD OR 50% OF AMOUNT REQUESTED)	

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DESCRIBE THE PROPOSED PROJECT IN DETAIL. WHAT SERVICES AND RESOURCES ARE REQUIRED (MAX. 250 WORDS)?

DEFINE THE OBJECTIVES AND OUTCOMES FOR THIS PROJECT, AS WELL AS EXPECTED DELIVERABLES (MAX. 250 WORDS):

PROVIDE A COST BREAKDOWN AS FOLLOWS. ITEMIZE THE COST OF EACH PROJECT COMPONENT.

ScaleUP FUNDING (MAX \$4,000 INCLUDING TAX):

COMPANY CONTRIBUTION:

TOTAL:

TOTAL:

IDENTIFY ANY POTENTIAL BARRIERS RELATED TO THE PRODUCT, TECHNOLOGY DEVELOPMENT, OR COMPETITIVE / MARKET CONDITIONS THAT MAY HINDER THE COMPLETION OF THIS PROJECT.

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SERVICE PROVIDER INFORMATION

PLEASE IDENTIFY A SERVICE PROVIDER AND AN ALTERNATE SERVICE PROVIDER THAT CAN DELIVER ON THE REQUIREMENTS OF THIS PROJECT. **PLEASE INCLUDE QUOTES FOR EACH PROVIDER.**

PREFERRED SERVICE PROVIDER / CONTRACTOR:

COMPANY NAME:		WEBSITE:
ADDRESS:		CITY:
PROVINCE:	POSTAL CODE:	COUNTRY:
CONTACT NAME:		TITLE:
PHONE:	EMAIL:	
DESCRIPTION:		

ALTERNATE SERVICE PROVIDER / CONTRACTOR:

COMPANY NAME:		WEBSITE:
ADDRESS:		CITY:
PROVINCE:	POSTAL CODE:	COUNTRY:
CONTACT NAME:		TITLE:
PHONE:	EMAIL:	
DESCRIPTION:		

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PROJECT SUMMARY

(TO BE COMPLETED AT THE END OF THE PROJECT)

PROJECT NAME:

WHAT WAS THE OBJECTIVE OF THIS PROJECT? (150 WORDS MAX)

WAS THIS OBJECTIVE MET? PLEASE ELABORATE. (150 WORDS MAX)

DESCRIBE THE WORK COMPLETED IN DETAIL. (150 WORDS MAX)

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OUTCOMES:

WHAT IS YOUR OVERALL IMPRESSION WITH YOUR PROJECT'S OUTCOME?

ARE YOU HAPPY WITH THE SERVICES PROVIDED BY YOUR SERVICE PROVIDER(S)? PLEASE ELABORATE.

IN HINDSIGHT, IS THERE ANYTHING THAT YOU WOULD HAVE DONE DIFFERENTLY? PLEASE ELABORATE.

HOW WILL THE OUTCOME OF THIS PROJECT IMPACT YOUR BUSINESS IN THE SHORT-TERM AND LONG-TERM?

SHORT-TERM:

LONG-TERM:

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