



Pre Market Funding Program Application

Submit Applications by email to kleptick@sasktrade.sk.ca or fax to 306.787.6666.

Company Profile

Company Name: _____
(include operating name if different from legal name)

Address: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Email: _____ Web Site: _____

Contact: _____ Title: _____

Is the business incorporated? Yes No Years in business in Saskatchewan: _____

**Applicants may be asked to produce a copy of certificate of incorporation or other supporting documentation*

List any related companies: _____

Number of Saskatchewan based employees:

Full time: _____ Part time: _____ Seasonal: _____

Please describe your stage of product/service development:

Financial Profile

	Current Year	Previous Year
Total Annual Domestic Sales		

Market Profile

Do you have a formal market plan or strategy? Yes No (You may be asked to provide a copy of this strategy.)



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Project Description

Name of Activity _____

Where is the Activity? _____ When is the Activity? _____

Web Site of Activity (if applicable): _____

What is the Activity? _____

Who From Your Company Will Attend? _____

Departure Date: _____ Return Date: _____

Please attach your business itinerary or program.

Explain in **specific detail** how this activity represents a market development opportunity for your company based on research to date:

Explain in detail how this activity will fit into your overall commercialization and business plan/objectives:

Business Development Objectives for Project - Seeking:

Direct Sales Dealers Distributors/Wholesalers Agents/Brokers Joint Venture

Other: _____

Anticipated Results:

Sales (\$) within the next 12 months: _____ # of Contacts: _____ # of Sales Leads: _____

Estimated Budget

Detail your costs associated with this event: (In Canadian Dollars)

*List all costs (estimates) which you expect to incur in order to participate. **Please note not all costs are eligible for reimbursement.**

Flights or Mileage		Trade Show Space / Passes	
Accommodations		Material Translation	
Meals		Other	
Please Specify Other			
		Total	



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Funding Agreement

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

Have you applied or will you be applying for any other federal or provincial funding to assist in the costs of undertaking this activity? Yes No If yes, what program? _____

A completed application must be received 45 days prior to the activity for evaluation and processing.

Contract Conditions:

1. This application becomes a valid contract when signed by the applicant and approved by Saskatchewan Trade & Export Partnership.
 - a. 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 an applicant company restricted from any future application or use of MAP funds.
2. Saskatchewan Trade & Export Partnership reserves the right to refuse applications, to determine products and services eligible and to determine the scope of assistance. Only products or services in which there is a minimum of 50% Saskatchewan content are eligible. *(Proof of Saskatchewan content may be requested)*
3. Applicants for trade show/event assistance shall comply with and abide by the rules and regulations of any trade show and local building and trade union agreements.
4. The applicant indemnifies STEP from any liability whatsoever.
5. **CLAIMS FOR PAYMENT - Within thirty (30) days of project completion, the applicant company must submit to STEP the Evaluation Form and the Proof of Payment for eligible expenses incurred in relation to the event.**
 (Copies of invoices, receipts, cancelled cheques, bank statements are acceptable).
 - a. **Upon receipt of all required documentation, reimbursement will be issued by cheque within four weeks in Canadian dollars.**
 - b. **The cheques will be made out to the company/legal entity, not the individual.**
 - c. **If the applicant 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 Pre Market Funding Application Form and agree that if the application is approved, I will comply with the terms and conditions of the contract.

Date: _____ Company: _____

Signed: _____ Title: _____

FOR STEP OFFICE USE ONLY:

Date Received: _____ Application Approved

Vice President, Marketing & Membership Development

Date

Senior Vice President, Trade Development

Date

Director - Trade Development

Date

Application Declined - Explanation of Denial:

Date

CONFIDENTIALITY NOTICE: *The information gathered from this form is intended only for internal office use only under the Pre Market Funding Application process. All information gathered will be kept confidential and for evaluation purposes only.*