



### Application for Alberta Technology Innovation Program

Program is not available to companies exhibiting at a trade show or engaged in marketing activities

Company Name: \_\_\_\_\_

Contact Name / Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Information: Sole Proprietor: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_ Year: \_\_\_\_\_

No. of Employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Other \_\_\_\_\_

Sales in last year: <\$50,000 \_\_\_\_\_ \$50-100,000 \_\_\_\_\_ \$100,000 - 500,000 \_\_\_\_\_ \$500,000 – 1M \_\_\_\_\_  
\$1 – 5M \_\_\_\_\_ \$5 – 10M \_\_\_\_\_ >\$10M \_\_\_\_\_

Export Sales: Outside Canada: Yes \_\_\_\_\_ No \_\_\_\_\_ If no, expected in 2 – 5 years Yes \_\_\_\_\_ No \_\_\_\_\_

Company Overview: (Provide information on primary business, product(s), current markets, new target markets, technology, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Proposal: Event Name: \_\_\_\_\_ Location: \_\_\_\_\_

Event Dates: \_\_\_\_\_ Travel dates: \_\_\_\_\_

Event Website Address: \_\_\_\_\_

Participant name(s) and title(s):

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Goals and/or Objectives: (If you require additional space, please attach another page)

1. What specific technology/innovative enhancements are you looking for? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Why did you choose this event to research new technology and/or innovations? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. How do you expect the technology or information gained to improve your business? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. What is the time frame for implementation of these changes? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# Application - Alberta Technology Innovation Program (continued)

## Budget

Eligible Expenses		
Economy Airfare:	\$ _____	total \$ _____
Foreign Country Per Diem @ \$400/day/person:	\$400 x no. of days _____ x no. of people _____	total \$ _____
Canadian Per Diem @ \$200/day/person	\$200 x no. of days _____ x no. of people _____	total \$ _____
Registration Fees	\$ _____	
Other – Describe (translator, etc.)	_____	total \$ _____
<b>TOTAL EVENT BUDGET</b>		<b>\$ _____</b>

Have you requested, or do you anticipate receiving any federal, provincial, municipal or other assistance other than through this application specific to this event? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, provide details: \_\_\_\_\_

### Terms and Conditions:

*FBC, in accepting this application, undertakes to consider the application for approval but assumes no other obligation or risk. The approval or denial of an application raises no liability to FBC nor its program partners nor any cause of action to any third party placing reliance on same.*

**Protection of Privacy and Release of Information:** FBC considers this information as 'commercial confidential' and, as such, seeks express consent to the following terms. All applications and supporting material will be used by FBC solely for the purpose of evaluating the application and may be disclosed by FBC to third party references, partners, or FBC advisors as part of the approval process. All reports will be used by FBC solely for the purpose of evaluating the Alberta Technology Innovation Program and related events. FBC reports are compiled in summary form.

**Declaration and Express Consent:** Please read this carefully before signing and initialing each item.

The applicant hereby declares:

1. that the information given in the application and supporting documentation is complete and correct and I have the authority to sign this document \_\_\_\_\_(initial), and
2. I will submit all financial information, documentation, and/or additional information requested for auditing and processing of the application and payment of the grant \_\_\_\_\_ (initial), and
3. I will submit all documentation within 30 days of return from the event, including required Project Report, in sufficient detail to ensure continued funding for this program \_\_\_\_\_(initial), and
4. I will grant express consent for information to be used as detailed above under Protection of Privacy and Release of Information. \_\_\_\_\_(initial)

Signature: \_\_\_\_\_ Print Name / Position \_\_\_\_\_

Date Signed \_\_\_\_\_

Please mail or fax this application form to:  
Food Beverage Canada  
#201, 17914 – 105 Avenue, Edmonton, Alberta T5S 2H5  
Telephone: 780-486-9679 ext. 21; Fax: 780-484-0985  
Email: [kparker@foodbeveragecanada.com](mailto:kparker@foodbeveragecanada.com)

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