



MENTORSHIP PROGRAM
Application
 (Commercially Confidential when complete)

Company Name: _____

Primary Contact Name: _____ Position: _____

E-mail: _____ Website: _____

Secondary Contact Name
 (if primary not available) _____ Position: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Telephone: _____ Fax: _____

Company Information: Sole Proprietor: _____ Partnership: _____ Corporation: _____ Year: _____

Number of Employees: Full-time _____ Part-time _____ Other _____

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

Mentorship Information:

1. Is your company *currently* exporting? Yes _____ No _____

If so, what were your export sales in past year? Amount \$ _____ Percentage of total sales: _____ %

What product(s)/HS code(s)? _____

Which country(s)? _____

What product type/outlet? (i.e. retail, food service, private label) _____

How long have you been in above export market(s)? _____ years

2. What are your company's export *objectives* and what does your company *expect to achieve* through participation in the Mentorship Program? _____

2.b Are these objectives sanctioned by senior management in your company? Yes _____ No _____ Please provide name, position and date: _____

2.c Within what timeframe does your company wish to achieve these objectives? _____

2.d What product(s)/HS code(s)? _____

2.e Which country do you currently wish to focus your attention on? _____

2.f What product type/outlet (i.e. retail, food service, private label)? _____

3. Has your company experienced export challenges or obstacles in the past? Yes ___ No ___ If yes, please provide details. _____

4. Does your company have suggestions about what assistance would be most useful to reach its export objectives (i.e. market research, market entry strategy, market access/foreign government regulations, foreign label requirements presentations to buyers/distributors, production capabilities, export preparation, distribution channels, legal requirements, food safety requirements, unique market requirements, investment path finding, etc.)? _____

5. Has your company previously or currently requested/received outside export advisory and/or financial assistance? Yes ___ No ___ If yes, please describe. _____

5.b From what source (i.e. private consultant, parent organization, federal/provincial/municipal government, etc.)? _____

5.c Please provide details regarding outcome. _____

6. Please provide any other information that will assist FBC to match your company and its objectives with appropriate members of the mentorship team. _____

Fee Structure:

Non-Refundable Program Application Fee: (\$350 + 17.50 GST)..... **\$367.50**

Participation Cost: Will be assessed on an individual basis after review of your company's export objectives, history, and review by mentorship team. This cost will be conveyed to you as part of the assessment report upon completion of the application review.

Payment Details:

Credit Card (preferable payment option): **VISA** ___ **MASTERCARD** ___ **AMEX** ___

Card Number: _____ Expiry Date: _____

Name on Card: _____ Signature: _____

Signature confirms your company's intention to participate in this program.
Payment must accompany registration to be considered for the program.
Program is offered on a first-come, first-serve basis, and space is limited.
Deadline for applications is February 15, 2009 for the 2008-09 fiscal year.

Terms and Conditions:

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

Applicant Signature as Acknowledgement _____

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 program process. All reports will be used by FBC solely for the purpose of evaluating the Mentorship Program. FBC reports are compiled in summary form to protect the privacy of participant companies.

Declaration and Express Consent: Please read this carefully before initialing each item and signing.
The applicant hereby declares:

1. 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 _____ (initial); and
3. I will submit documentation as required in sufficient detail and in a timely manner to ensure continued participation in 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).

Print Name: _____ Position: _____

Signature: _____ Date: _____

For information or questions, please contact:
Karen Parker
Email: kparker@foodbeveragecanada.com

Please mail or fax this application to:
Food Beverage Canada
#201, 17904 – 105 Avenue, Edmonton, AB T5S 2H5
Telephone: 780/486-9679;
Fax: 780/484-0985

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