

Organization Submitting This Application

PART I – BUSINESS PROFILE

**1. LEGAL STATUS**

REGISTERED LEGAL NAME  
OF ORGANIZATION \_\_\_\_\_

*Include name as it appears in articles of incorporation, letters patent or society registration. As a recipient, the business applying is responsible for receiving, monitoring and reporting of funds, and fulfilling all other contractual obligations.*

**Must be submitted with this application:**

- **Proof of legal status, such as a photocopy of by-laws, most recent letters patent, active incorporation document, or**
- **Other legal documents showing legal status.**

*Note: A letter certified by a lawyer is not sufficient proof of legal status.*

OPERATING NAME OF ORGANIZATION *(if different from Registered Legal Name)*

\_\_\_\_\_

MAILING ADDRESS OF ORGANIZATION

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

**2. CONTACT INFORMATION** *(Person receiving all official correspondence for this project)*

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

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**3. SIGNING AUTHORITY** *(Person delegated to sign agreements on behalf of organization)*

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

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

SIGNATURE OF SIGNING AUTHORITY _____
DATE SUBMITTED _____

**4. PRODUCTS AND SERVICES**

*Provide a brief description of your business' products and services. (Add attached sheet if required)*

**5. REGISTRATION NUMBERS**

*The organization's GST/HST number and Business Registration Number.*

GST/HST: \_\_\_\_\_ BRN: \_\_\_\_\_

**6. PAST SBIP CONTRIBUTIONS**

Has the organization received a contribution from the Small Business Internship Program in the past?

Yes \_\_\_\_ No \_\_\_\_

**7. NUMBER OF EMPLOYEES**

*Please indicate the number of employees within your business. Express the number of employees in terms of number of full-time-equivalent employees. A full-time-equivalent employee is an employee who works at least 1600 hours per year.*

\_\_\_\_\_

**PART II – PROJECT PROPOSAL**

*Please be as informative as possible when answering the following. The space provided for each answer is only an indication of the amount of detail expected. If needed, you may use separate sheets of paper for further elaboration.*

**1. PROJECT DESCRIPTION**

*Provide a description of the project you propose to undertake with the help of a student-intern. The project must include an e-commerce and/or e-marketing component.*

***Note on ineligible projects:** Projects of a purely technological nature (for example: website development, server installations, database maintenance, data entry, etc.) and those aimed at supporting educational activities (for example: organizing conferences, workshops, or exhibitions, creating promotional material, participating in training projects, etc.) **are ineligible** under SBIP.*

**A. Project title:** \_\_\_\_\_

**B. Goals and objectives:**

**C. Deliverables, including timelines:**

**D. Anticipated improvements in e-commerce capacity and marketplace competitiveness:**

**E. Success measurement methods:**

## 2. INTERNSHIP DESCRIPTION

### INTERNSHIP DURATION

All approved SMEs will hire a student-intern on a full-time basis, for a total of 420 hours. SMEs may extend the duration of the internship according to their needs, but funding will only be provided for the first 420 hours of the internship. Remuneration for subsequent hours worked is the sole responsibility of each SME. All internships may start no earlier than April 1 of any given year, and must be completed by March 31 of any given year.

*a) Indicate the objectives expected to be met by the student during the internship.*

*b) Describe the roles and responsibilities of the student-intern within your organization during the internship.*

*c) Indicate who will be responsible for supervising and mentoring the student-intern.*

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

c) Describe the selection process you plan to undertake in hiring the student-intern. Identify what type of advertising you will use, and indicate the sources from which you will seek student-intern applicants.

**3. PROJECT COSTS/BUDGET FORECAST**

All internships are 420 hours of full-time employment. Applicants can use the hourly rates guidelines set by the Treasury Board of Canada to determine a proposed hourly rate.

**Note on hourly rate:** The ultimate recipient (employer) will establish the hourly rate for the internship. The delivery agent will determine the level of financial support for the internship based on available funding and program criteria

a) Complete the Mandatory Employment Related Costs (MERC).The MERC rate should respect provincial/territorial legislation of the location of the internships.

Employment Insurance	_____ %
Canada Pension Plan	_____ %
Vacation	_____ %
Other Mandatory Costs (please specify)	_____ %
<b>TOTAL:</b>	_____ %

b) The following budget forecast must be completed in order for your application to be considered. Industry Canada will pay up to 75% of approved costs (salary and mandatory benefits), up to a maximum contribution of \$10,000 per intern.

**BUDGET CALCULATIONS:**

Total hours of work for student-intern	_____
Proposed hourly rate of pay	_____
Total internship salary (multiple lines 1 and 2)	_____
MERC percentage (as per above)	_____
Multiple line 3 by line 4	_____
<b>TOTAL SALARY AND BENEFITS (add line 3 and line 5)</b>	_____

**Declaration and Signing Authority** *(see Section 3 for definition)*

I AFFIRM THAT the information in this application is accurate and complete, and that the application, including budget forecasts, is fairly presented.

I authorize Industry Canada to gather from, and share with, other government departments and agencies the necessary information to ensure that there will be no duplication of assistance and confirm that all agreements are being adhered to.

I understand that the *Small Business Internship Program* is a discretionary program subject to funding. I also understand that a complete application that meets all of the assessment criteria, or communication with Industry Canada officers for further information with respect to an application, do not indicate that funding will be granted. All applicants whose proposals are approved for *Small Business Internship Program* funding will be notified in writing.

I agree that once funding is provided, any changes to the application will require prior approval from Industry Canada. I agree to publicly acknowledge funding and assistance received from the Department, in accordance with the terms of the funding agreement. I agree to submit a final report and, where required, financial accounting information for an evaluation of the activity funded by the Department. I also agree to provide the latest financial statements of my organization. I understand that the information provided in this application may be accessible under the *Access to Information Act*. I also agree to respect the spirit and intent of the various acts governing the programs of the Department of Industry Canada.

I CONFIRM THAT I have the authorization to sign official documents related to this application for my organization.

SIGNING AUTHORITY		
NAME <i>(please print)</i>	TITLE <i>(please print)</i>	
SIGNATURE:	DATE:	
OFFICE USE ONLY	Date received	File no. <span style="float: right;">Program officer</span>