

## Business Information

Legal Business Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
(If different from legal name)  
Business Identification Number: \_\_\_\_\_  
(Nova Scotia Registry of Joint Stocks)  
Business Incorporation Type: \_\_\_\_\_

Does this business report to a head-office outside of Nova Scotia? YES  NO

If yes, what is the parent company's name and location: \_\_\_\_\_

### Business Civic Address

Street Address: \_\_\_\_\_ Unit #: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Business Mailing Address

(If different from civic address above)

Street Address: \_\_\_\_\_ Unit #: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Website: \_\_\_\_\_

## Contact Information

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Contact Person's Title: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## Additional Information

Please describe your business, including an overview of the products or services you offer (less than 500 words):

Annual revenue (choose one):  <\$100K  \$101K - \$250K  \$250K - \$1M  >\$1M

Total number of full-time equivalents (FTEs) in Halifax: \_\_\_\_\_

Approximately what percentage of annual sales is reinvested into R&D (new or improved product, process, service, etc.) activities? \_\_\_\_\_

Approximately what percentage of your annual sales is outside of Nova Scotia? \_\_\_\_\_

How has COVID-19 affected your business? (revenue, layoffs, etc.) (less than 500 words):

What is the biggest issue your company is facing which a virtual adviser can assist with? (less than 500 words):

What impact would solving this issue have on your business? (ie: increased revenue or exports, additional or retained employees, a new or improved product, service, or process, etc.) (less than 500 words):

Do you have the time and resources available to commit to the virtual adviser calls (4 to 6 calls, 30 to 40 minutes each, over 2 to 3 months), and the follow-up work required to work on the issue for the duration of the program? YES  NO

Will you commit to providing feedback and input, including a final survey once the project is complete? YES  NO

On behalf of the business identified above (the “Company”), I hereby submit the application for the Virtual Adviser Program (the “Program”). I certify that I am an authorized officer of the Company and that the information provided in this application and its attachments is true and correct to the best of my knowledge and belief. I understand that signing and submitting this form does not guarantee acceptance of the Company into the Program. If the Company is accepted into the Program, I agree to comply with all Program requirements, including reporting requirements.

I consent to having Halifax Partnership, BoomersPlus or their respective designate make any enquiries of, and request additional information from, such persons, firms, corporations, or federal and provincial government agencies/departments as Halifax Partnership deems necessary to (i) reach a decision on this application, (ii) administer, deliver and monitor the implementation of the Program, and (iii) evaluate the Program upon completion. I agree that BoomersPlus or any third-party service providers may contact me in connection with this application and the Program and I will cooperate with them in the collection of information required for the purposes set out above.

I, on behalf of myself and the Company, acknowledge and agree that the information set out in this application or provided subsequently, which may include personal information (as defined by applicable privacy law), may be used by, collected by and/or disclosed to Halifax Partnership, BoomersPlus, or any third party service providers retained in connection with the Program, for the purposes set out above, whether or not the Company is accepted into the Program. I agree and confirm that the Company has obtained consent from any third party to the collection, use, and disclosure of their personal information in connection with this application and the Program. I understand that if I do not consent to the disclosure of the application information, including my contact information, I will not be able to participate in the Program.

I further agree, on behalf of myself and the Company, to defend, indemnify and save harmless Halifax Partnership, BoomersPlus and their respective officers, directors, employees, agents, third party service providers (Virtual Advisers), affiliates, successors and permitted assigns from all losses, damages, claims, causes of action, suits, actions and liabilities of every nature and kind whatsoever, including reasonable legal fees, arising from, as a result of, or in any way related to the Program, including the aforementioned authorized release of information and subsequent collection and use of information.

Should the Company be a successful applicant, on behalf of the Company, I hereby give Halifax Partnership permission to release the name of the Company in any form and through any media for purposes of marketing the Program.

YES  NO  Initial: \_\_\_\_\_

**BY SIGNING BELOW, I CONFIRM THAT I HAVE REVIEWED, UNDERSTAND AND AGREE TO THE TERMS, CONDITIONS AND LIMITATIONS PROVIDED FOR ABOVE.**

Authorized Officer Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_

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Return completed form by email to the Halifax Partnership office by email:

[virtualadviser@halifaxpartnership.com](mailto:virtualadviser@halifaxpartnership.com)

Applications will be deemed ineligible unless you receive a confirmation receipt from Halifax Partnership.