

# Application Form for Qualified Service Providers for Technology Assessment Program

## 1. APPLICANT ORGANIZATION

Enter the required information about the Organization submitting this Application (the Applicant). Mandatory fields are marked with an asterisk (\*) and must be completed before returning the application.

### IDENTIFYING INFORMATION

Legal Name	
Business Name (if different from Legal name)	
Type of Business Entity of Applicant	
If Other, please provide details	
Business Registration No.	
HST No.	
Incorporated Under Laws of (e.g. Ontario, Canada)	
Web site	

### APPLICANT ORGANIZATION MAILING ADDRESS

Street	
Suite No	
City/Town	
Province	Ontario
Postal code	
Country	Canada

FUNDING PROVIDED BY THE / FINANCEMENT FOURNI PAR LE

## APPLICANT ORGANIZATION PHONE NUMBERS

Telephone	
Fax Number	

## CONTACT INFORMATION FOR AUTHORIZED SIGNATORY OF APPLICANT ORGANIZATION

Salutation	
First Name	
Last Name	
Title	
Direct Telephone	
Mobile Number	
Email Address	

## 2. APPLICANT DESCRIPTION

Use this form to enter descriptive information about the Organization submitting this Application (the Applicant). Mandatory fields are marked with an asterisk (\*) and must be completed before returning the application.

### BASIC INFORMATION

Total Number of Employees	
Total Number of Consultants capable of performing Technology Assessments	
Founding Year of Applicant Organization	

### CAPABILITIES & EXPERIENCE

Please describe your organization's capabilities and experience in the context of performing Technology Assessments.	
Brief description of your business for display on the Technology Assessments website (200 characters or less)	

**CAPABILITIES & EXPERIENCE** (CONTINUING FROM PAGE 2)

<p>Please describe the regional area of Southern Ontario where your services are offered.</p>	
<p>Identify how many contactors, if any, you would be using to perform Technology Assessments.</p>	
<p>Please describe the regional area of Southern Ontario where your services are offered.</p>	
<p>Identify how many consultants , if any, you would be using to perform Technology Assessments.</p>	

**ADDITIONAL INFORMATION**

Please complete Appendix A with information about the consultants

The Service Provider will not outsource any work related to this Project without prior written consent of CME

### 3. PRACTICE AREAS

Enter No. of Consultants with relevant expertise

		MANUFACTURING TYPES										
Manufacturing Industry sector	Core Areas	Raw Material Processing	Casting	Labelling & Painting	Moulding	Forming	Machining	Joining	Assembly	Additive Manufacturing	Automation	Other (Please Indicate)
Automotive												
Aerospace & Defense												
Agri-food												
Textiles												
Other												

## 4. VENDOR NEUTRALITY

Use this form to confirm that your Organization is not biased by financial interests in the sale of products or services aside from its own professional services. Mandatory fields are marked with an asterisk (\*) and must be completed before continuing with the next section of the application.

### VENDOR NEUTRALITY

Does your Organization have a financial interest in the sale of any product or service aside from your own professional services? *	Yes	No
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If yes, please describe. Be sure to list any agreements your organization may be partnered with vendors of products or services.

## 5. CLIENT REFERENCES

Use this form to list clients for whom your organization has provided consulting services in the practice areas selected on Page 4 above over the last 3 years. You may list any number of projects, but substantial experience in any given practice area must be demonstrated in order to be eligible to offer Technology Assessments in that area. CME Project staff may contact any company listed to confirm their experience with your organization.

### CLIENT REFERENCES

Please list client references and projects over the last 3 years in the practice areas selected on Page 4. Include any supporting documentation i.e. success stories, published articles etc.

	REFERENCE #1
Client Company	
Company Location	
Decision-maker Contact	
Contact Title	
Contact Telephone	
Contact E-mail	
Brief Project Description	
Project Start & End	
Practice Areas*	
Project Outcome	

	REFERENCE #2
Client Company	
Company Location	
Decision-maker Contact	
Contact Title	
Contact Telephone	
Contact E-mail	
Brief Project Description	
Project Start & End	
Practice Areas*	
Project Outcome	

	REFERENCE #3
Client Company	
Company Location	
Decision-maker Contact	
Contact Title	
Contact Telephone	
Contact E-mail	
Brief Project Description	
Project Start & End	
Practice Areas*	
Project Outcome	

	REFERENCE #4
Client Company	
Company Location	
Decision-maker Contact	
Contact Title	
Contact Telephone	
Contact E-mail	
Brief Project Description	
Project Start & End	
Practice Areas*	
Project Outcome	

	REFERENCE #5
Client Company	
Company Location	
Decision-maker Contact	
Contact Title	
Contact Telephone	
Contact E-mail	
Brief Project Description	
Project Start & End	
Practice Areas*	
Project Outcome	

	REFERENCE #6
Client Company	
Company Location	
Decision-maker Contact	
Contact Title	
Contact Telephone	
Contact E-mail	
Brief Project Description	
Project Start & End	
Practice Areas*	
Project Outcome	

	REFERENCE #7
Client Company	
Company Location	
Decision-maker Contact	
Contact Title	
Contact Telephone	
Contact E-mail	
Brief Project Description	
Project Start & End	
Practice Areas*	
Project Outcome	

## 7. SUBMISSION

A non-refundable fee must be returned by cheque along with the copy of the application. This fee ensures a complimentary Industry Resource Guide listing which includes 12-month online listing including a 150-word description and corporate logo, complete with click-through link and contact information on CME website, opportunity to assign one representative to receive CME's member communications to stay up-to-date on the issues that impact manufacturers and discounted member rate to attend CME events throughout your partnership term.

		Your fee (please select one)
Standard Partnership	\$2500 **	
** Please add 13% HST		
Your Non-refundable application fee	\$_____	

## ADDITIONAL INFORMATION

For other partnership and sponsorship opportunities, contact Marie Morden, C: 613-355-8819 | [marie.morden@cme-mec.ca](mailto:marie.morden@cme-mec.ca)

### PAYMENT (Please select one)

#### Payment by EFT

RBC-Main Branch-TO  
Acct.#003-0002-1491075  
200 Bay Street, Main Floor  
Toronto ON M5J 2J5

(ref: PTA-assessor – <your organization name>)  
(EFT payment should be completed by submitting the application)

#### Payment by credit card

To continue please [click here](#)

Please email the completed application form and supporting documentation to CME at [on.technologyassessment@cme-mec.ca](mailto:on.technologyassessment@cme-mec.ca) or call 647-556-5794

## 8. TRAINING

Assessments for this program will utilize CME's Technology Assessment & Adoption Diagnostic Tool and Lean Productivity Assessment Tool. Training to use the assessment tool will be provided. Information regarding training will be shared with eligible Qualified Service Provider. Your application to become a qualified service provider will require participation in the training of CME's assessment tool.