

PHASE 1 Eligibility Form for Technology Assessment Program

1. CONTACT DETAILS

Name	
Company	
City/Town	
Province	
Email Address	
Phone Number	

2. ARE YOU A MANUFACTURER?

Manufacturer is described as involved in operations to produce or support products/services related to manufacturing, processing, fabricating or refining.

3. ARE YOU BASED IN THE SOUTHERN ONTARIO REGION PER MAP BELOW?



- | | | | |
|-------------------------|------------------------|------------------------|-------------------|
| 1. Brant | 11. Haliburton | 21. Middlesex | 32. Prince Edward |
| 2. Bruce | 12. Halton | 22. Muskoka | 33. Renfrew |
| 3. Chatham – Kent | 13. Hamilton | 23. Niagara | 34. Simcoe |
| 4. Dufferin | 14. Hastings | 24. Northumberland | 35. Stormont |
| 5. Durham | 15. Huron | 25. Ottawa | 36. Dundas |
| 6. Elgin | 16. Kawartha Lakes | 26. Oxford | 37. Glengary |
| 7. Essex | 17. Lambton | 27. Parry Sound | 38. Toronto |
| 8. Frontenac | 18. Lanark | 28. Peel | 39. Waterloo |
| 9. Grey | 19. Leeds & Grenville | 29. Perth | 40. Wellington |
| 10. Haldimand – Norfolk | 20. Lennox & Addington | 30. Peterborough | 41. York |
| | | 31. Prescott & Russell | |

FUNDING PROVIDED BY THE / FINANCEMENT FOURNI PAR LE

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4. HOW MANY FULL-TIME EMPLOYEES DO YOU EMPLOY?

< 15	
15 - 99	
100 - 299	
300 - 499	
500 +	

5. IS YOUR ORGANIZATION INCORPORATED?

6. HAS YOUR ORGANIZATION BEEN CONTINUOUSLY INCORPORATED FOR MORE THAN 2 YEARS**?

7. ARE YOU CURRENTLY RECEIVING GOVERNMENT FUNDING TOWARDS THE ACTIVITIES CONTAINED IN THE FUNDING APPLICATION?

8. CHOOSE YOUR TOP 2 PREFERRED QUALIFIED SERVICE PROVIDER (QSP) FROM THE AUTHORIZED QSP LIST BELOW:

Complete list of Qualified Service Provider including their areas of expertise can be found [here](#).

OPTION 1

OPTION 2

**Please submit an attested letter by the President, owner or other signing officer stating that your company has been continually operating, financially viable and will be using program funds to support investment and growth of the company.

I certify that the information submitted in this application is true and correct to the best of my knowledge.

Please email the completed application form and supporting documentation to CME at Shital.Chheda@cme-mec.ca or call at 647-556-5794.