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| **WEBSITE DEVELOPER APPLICANT INFORMATION** |
| **Name of Business:** |
| **Number of employees:**  **Length of time business has been in operation:** |
| **Business Number:**  **Incorporation Number:** |
| **Contact name:** |
| **Physical address or location:**    **Mailing address:** |
| **Phone number:** |
| **Email:** |
| **Website address:** |
| **Please provide a minimum of 5 URL’s of sample websites that you have developed.** |
| ***1.*** |
| ***2.*** |
| ***3.*** |
| ***4.*** |
| ***5.*** |

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| **SECURITY** |
| The Program encourages recipients to use E-Business solutions that are safe and secure. The responsibility of having a safe and secure E-Business solution is that of the recipient and their chosen vendor. Blue Sky Net encourages all applicants to ask questions about security and ensure any issues or concerns have been addressed prior to work being started.  For more information on legislation guidelines please visit: [www.priv.gc.ca](http://www.priv.gc.ca) |

**DECLARATION:** I declare that I have read, understood and agree to comply with the terms and conditions of this program. I understand that all websites being subsidized through this program will be supported up to 75% of the total cost of the project. The customer will be responsible to pay the other 25%. In-kind contributions are not acceptable. Prices and rates that are charged to clients of the BEAM program will be reflective of market value. I furthermore understand that proof of payment required is a copy of the legal tenders used to pay the final invoice. To the best of my knowledge all the information provided in this application is complete and accurate.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

**Blue Sky Net DISCLOSURE AND RELEASE CONSENT**

• We (“we” refers herein to the “developer”) hereby certify that the information shown in this application is a complete and true declaration.

• We confirm that if any statement we have made herein or in accompanying materials proves to be incorrect in any way, we shall notify Blue Sky Net immediately upon discovery.

• We understand that Blue Sky Net may request additional information in support of this application, and that additional information may need to be received before additional consideration can be given to this application.

• We authorize Blue Sky Net to retain this application and any related reports for Blue Sky Net records and reporting to FedNor/Industry Canada who oversee the program. We acknowledge that, as the operation of Blue Sky Net is financially supported by the Government of Canada, representatives of FedNor/Industry Canada are permitted access to the files of Blue Sky Net for monitoring and evaluation purposes and that we may be contacted, as the Applicant, by representatives of FedNor/Industry Canada and that, such information as is acquired by the Ministry will be treated in accordance with the Ministry’s privacy policy.

• We consent to Blue Sky Net collecting, using, retaining and disclosing the information contained in this application for the limited purpose of determining eligibility for financial assistance for clients of this program, and as is required by law, and by FedNor/Industry Canada. We understand that Blue Sky Net will handle our personal information in strict confidence in accordance with the Federal Privacy law.

• We further agree to hold Blue Sky Net harmless and hereby release and discharge Blue Sky Net from any actions, damages, claims or demands which may arise, directly or indirectly, as result of any act or omission by Blue Sky Net in providing information to the Applicant, and to indemnify Blue Sky Net from any such actions, damages, claims or demands which might be suffered by the Applicant in connection with any such information.

• We further understand and consent to Blue Sky Net publicizing our contact information on their website.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Representative with signing authority (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(I have the authority to bind the Corporation or Proprietors)*