

# SEAFOOD ACCELERATOR PROGRAM

## PRODUCT DEVELOPMENT AND TECHNICAL SUPPORT FUNDING



**DEADLINE:** Intake is ongoing until funds are fully subscribed.

### APPLICANT INFORMATION

**Company Name:**

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**NS Registry of Joint Stock Companies # (if registered):**

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**Contact Name:**

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**E-mail Address:**

**Telephone:**

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### CIVIC ADDRESS

**Street:**

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**Province:**

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**Town:**

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**Postal Code:**

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### MAILING ADDRESS (IF DIFFERENT THAN CIVIC ADDRESS)

**Street:**

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**Province:**

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**Town:**

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**Postal Code:**

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If applicable, indicate Department of Fisheries & Aquaculture-issued license type and number (i.e., aquaculture lease and operation, fish buyer, fish processing):

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If applicable, indicate SFC license number:

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PLEASE INDICATE WHETHER THE APPLICATION IS A REQUEST FOR ASSISTANCE WITH A NEW, OR EXISTING PRODUCT?

Please indicate whether the application is for a new or existing product:

New

Existing

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Please provide a product description:

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## FOR ALL APPLICANTS

Please indicate what activities are requested under this application (check all that apply):

### PRODUCT DEVELOPMENT

Market Assessment	Recipe Development and Optimization
Food Safety/Regulatory Review	Process Development and Optimization
Analytical Testing Supporting Product Development	Packaging Optimization
Prototype Development	Label Review and NFt Development
Shelf Life Evaluation	

### TECHNICAL SUPPORT

Post-harvest handling practices of fish and seafood	Fish processing techniques and technologies
Seafood product development	Fisheries bioresource utilization

If available, the following are requested to be provided with the application:

Business Plan	Marketing Plan	Product Specifications	Product Images
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## PROCESS

The first step in the process is to have the application reviewed for approval. Once approved, you will receive an email or phone call to discuss the details. This will be followed by an approval email and quote. After the applicant approves and signs the quote, they will be required to pay 20% upfront prior to the work being scheduled.

**SUBMIT COMPLETED APPLICATIONS TO ASHLEY SPRAGUE: [ASPRAGUE@PERENNIA.CA](mailto:ASPRAGUE@PERENNIA.CA)**

### FOR INTERNAL USE ONLY

Incomplete	Complete	Approved
Date		
Project Number		
Date Received		
Status		
Total Amount of Funding Awarded		