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| FPEGF-logo-cmyk.JPG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **ENTREPRENEUR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ALL SECTIONS, APPLICABLE TO THE APPLICANT, MUST BE COMPLETED **IN FULL**, BEFORE THIS APPLICATION WILL BE CONSIDERED BY FIRST PEOPLES ECONOMIC GROWTH FUND (FPEGF). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section A: APPLICANT’S INFORMATION (Each partner/shareholder must complete a separate application in full)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Project #** | | | | | | | | | | | | | | | | | FPEGF Office Use Only | | | | | | | | | | | | | | | | | | | | |
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| **SURNAME:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date of Birth: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | |  | |
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| First Name: | | | | |  | | | | | | | | | | | | | | | | | | | | Second Name: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | SIN #: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Status #: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (Please provide a copy of your Status card with this application.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Member of (First Nation Name): | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Driver’s License #: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | Marital Status: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | # of Dependents: | | | | | | | | | | | | | | | | | | |  | | | | |
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| City/Community: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Province: | | | | | | | | |  | | | | | | | | | | | | Postal Code: | | | | | | | | | | | | | | |  | | | | | | | | |
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| **Employment Information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer Name & Address: | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Phone: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Occupation: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| How Long: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Gross Annual Income: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Previous Employer (if less than 3 years): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | How Long: | | | | | | | | | | | | |  | | | | | | | | | | | | |
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| **Education and/or Training:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please describe secondary and post secondary courses and training you have received; start with the most recent. Include any degrees, certificates and designations. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Institute** | | | | | | | | | | | | | | | | | | **Year Attended** | | | | | | | | **Location** | | | | | | | | | | | | | | | | | | | | **Area of Study / Course** | | | | | | | | | | | | | | | | | | | | | | | | | **Grade / Diploma / Certification / Degree** | | | | | | | | | | | | | | | | | | | | | | **Completed** | | |
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| **Spouse’s Information (if applicable):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Spouse’s Name: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date of Birth: | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | |  | | | | | | | | | | | SIN #: | | | | | | | | |  | | | | | | |
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| Status #: | | | | | |  | | | | | | | | | | | | | | | | | | Member of (First Nation Name): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Employer Name & Address: | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone #: | | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| Occupation: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | How Long: | | | | | | | | | | | | |  | | | | | | | | | | | Gross Annual Income: | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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| Previous Employer (if less than 3 years): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | How Long: | | | | | | | | | | | | |  | | | | | | |
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| **Section B: BUSINESS INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Business Structure:** | | | | | | | | | | | | | | | |  | | | | Partnership**\*** | | | | | | | | | | | | | | | | |  | | | | Corporation**\*** | | | | | | | | | | | | | | | | | |  | | | Co-op | | | | | | | | | | | | | | | | |  | | Sole Proprietorship | | | | | | | | | | | | | | |
| **(\*Each partner/shareholder must complete a separate application in full)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Business Mailing Address: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Location of Existing or Proposed Business (if different from above): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Phone: | | |  | | | | | | | | | | | | | | | | | | | | | Fax: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Email: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Number of jobs being created (including owner’s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Full-Time: | | | | | | | | | | |  | | | | | | | | |  | | | | | Part-Time: | | | | | | | | | | | | |  | | | | | | | |  | | | |
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| Number of jobs being maintained (including owner’s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Full-Time: | | | | | | | | | | |  | | | | | | | | |  | | | | | Part-Time: | | | | | | | | | | | | |  | | | | | | | |  | | | |
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| **Business Ownership (Each partner/shareholder must complete a separate application in full):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name(s) of Owner(s) / Shareholder(s)** | | | | | | | | | | | | | | | | | | | | | | | | | | **Name of First Nation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **% of Ownership** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please provide a brief description of the project and list the main reasons you believe your business will succeed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| If this is an existing business, please provide a brief history. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Section C: FINANCIAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Project Costs & Financing:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | **Sources of Financing:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Costs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | |  | | Equity – Cash\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | |
| Land | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | |  | | Equity – Assets | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | |
| Buildings | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | |  | | Equity – Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | |
| Equipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | |  | | FPEGF Loan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | |
| Vehicles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | |  | | FPEGF Non-Repayable Contribution | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | |
| Inventory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | |  | | Government (specify) | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | $ | | | | | |
| Operating | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | |  | | Government (specify) | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | $ | | | | | |
| Licenses/Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | |  | | Other (specify) | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | $ | | | | | |
| Other (specify) | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | $ | | | | | | | | | | | | | | | | |  | | First Nation Contribution | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | |
| FPEGF Cost Recovery Fee (1% of Loan) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Other Borrowing Costs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **Total Project Costs** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | | | | | | | | | | | | | | |  | | **Total Financing** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | | | |
| \*Note: FPEGF requires proof of cash equity prior to proceeding with your application (e.g. copy of your bank statement). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Summary of Net Worth:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Cash and/or Bank Balance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | |  | | Charge Accounts (Credit Cards) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | |
| Real Estate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | |  | | Mortgages | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | |
| Vehicles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | |  | | Loans – Vehicle | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | |
| Equipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | |  | | Loans – Equipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | |
| Inventory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | |  | | Loans – Personal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | |
| Other (specify) | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | $ | | | | | | | | | | | | | | | | |  | | Accounts Payable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | | |
| Other (specify) | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | $ | | | | | | | | | | | | | | | | |  | | Other (specify) | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | $ | | | | | |
| **Total Assets (A)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | | | | | | | | | | | | | | |  | | **Total Liabilities (B)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | | | |
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|  | | | | | | | | | | | | | | | | | | | **Net Worth: A – B =** | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Bank Information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank Name: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Branch Address: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact Name: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Fax: | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Existing limit on Operating Line of Credit (if applicable): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | $ | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| **Details of Loans & Lines of Credit:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Holder of Debt**  **Name of Institution / Individual** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Purpose of Loan** | | | | | | | | | | | | | | | | | | | | **Maturity Date** | | | | | | | | | | | | | | | | | **Current Balance** | | | | | | | | | | | | | | | | | **Monthly Payment** | | | | | | | |
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| **Section D: CREDIT INFORMATION & DISCLAIMER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Applicant hereby authorizes First Peoples Economic Growth Fund Inc. to conduct any credit checks, inquiries, and property searches from other agencies and sources it deems appropriate to reach a decision on this application or necessary to administer the financial assistance under this Program and consents to the disclosure at any time of any credit information about the applicant to any credit reporting agency or to anyone with whom I/we have financial relations.  **Declaration:**  The statements and information herein and those attached which form part of this application are for the express purpose of obtaining financial assistance from First Peoples Economic Growth Fund Inc. and are to the best of my/our knowledge and belief, true and correct.  The Applicant hereby declares that none of the principals or guarantors are undischarged bankrupts or have any bankruptcy proceedings in existence with respect to themselves or companies which they operate. The Applicant hereby further declares that he/she is not associated (that is an officer or child of an officer or director) with First Peoples Economic Growth Fund Inc.  **Right to Publicize:**  The Applicant hereby grants First Peoples Economic Growth Fund Inc. the right to make public announcements related to the financing approved, to erect signs or other notices on the site of projects involving construction or expansion of an existing enterprise, and in general, may publicize or advertise any details related to the financing approved.  **Cost Recovery Fee:**  First Peoples Economic Growth Fund Inc. will charge a Cost Recovery Fee of 1% of the approved loan. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| The Applicant hereby declares that he/she is a member of | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | First Nation. | | | | | |
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| Applicant Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Print Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Date | | | | | | | | | | | | | | | | | |
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| Witness Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Print Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Date | | | | | | | | | | | | | | | | | |
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| **Have you:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **completed all sections of this application form IN FULL, which are applicable to the Applicant?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **attached a copy of your Status card to this application?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **attached your detailed Business Plan, including Cash Flow, Income/Expense and Balance Sheet Projections?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **attached proof of at least 10% cash equity of the estimated total project costs that will be confirmed in detail in your business plan (e.g. copy of your bank statement)?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If an existing business, have you:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **attached previous financial statements?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Complete, print, sign and return this form and ALL accompanying documentation to FPEGF.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |