



FIRST PEOPLES
economic growth fund

Project # <small>FPEGF Office Use Only</small>
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First Nation
BUSINESS SUPPORT
PROGRAMS
 application

R. March 2019

ALL SECTIONS, APPLICABLE TO THE APPLICANT, MUST BE COMPLETED **IN FULL**, BEFORE THIS APPLICATION WILL BE CONSIDERED BY FIRST PEOPLES ECONOMIC GROWTH FUND (FPEGF).

I am seeking assistance for one of the following Support Programs (check one only):

Business Plan Development

 Aftercare

 Skills Development

(Please note: FPEGF approval is required prior to the consultant starting the Support Program.)

Section A: APPLICANT'S INFORMATION (Each partner/shareholder must complete a separate application in full)

If applicant is a First Nation, complete this section:

Name of First Nation: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Main Contact Person: _____ Title: _____

Phone: _____ Cell: _____

Email: _____

If applicant is an Individual, complete this section:

SURNAME: _____ **Date of Birth:** _____ | _____ | _____
Month Day Year

First Name: _____ Second Name: _____ SIN #: _____

Status #: _____ (Please provide a copy of your Status card with this application)

Member of (First Nation Name): _____

Current Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell: _____ Fax: _____

Email: _____

Individual Applicant's Employment Information:

Employer Name & Address: _____

Phone: _____ Occupation: _____

How Long: _____ Gross Annual Income: _____

Previous Employer (if less than 3 years): _____ How Long: _____

Individual Applicant's Education and/or Training:

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	
					Yes	No
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Individual Applicant's 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)	\$ _____
Net Worth: A – B = \$ _____			

Section B: BUSINESS INFORMATION – All Applicants must complete this section

- Business Structure:**
- Partnership (Each partner must complete a separate application in full)
 - Corporation (Each shareholder must complete a separate application in full)
 - Co-op
 - Sole Proprietorship
 - Other: _____

- Business Status:**
- New – Proposed Business Start Date: _____
Month | Day | Year
 - Existing – Are previous financial statements available and attached? _____
 - Acquisition

Business Name: _____

Business Mailing Address: _____

Location of Existing or Proposed Business (if different from above): _____

Phone: _____ Fax: _____

Email: _____

Number of jobs being created (including owner's): Full-Time: _____ Part-Time: _____

Number of jobs being maintained (including owner's): Full-Time: _____ Part-Time: _____

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

Brief Description of Business Activities/Concept – Attach a **ONE PAGE SUMMARY** including the following:

- Business Overview
 Industry Overview
 Management Experience
 Marketing Strategy
 Staffing
 Estimated Project Costs*
 Financing

*Note: FPEGF requires proof of cash equity (e.g. copy of your bank statement) prior to proceeding with your application.

Section C: CONSULTANT’S OR TRAINING ORGANIZATION’S INFORMATION – All Applicants must complete this section

Consultant’s/Training Organization’s Name: _____

Consultant’s/Training Organization’s Address: _____

Phone: _____ Fax: _____ Email: _____

Amount Applied for: \$ _____ Total Cost: \$ _____

Other Sources of Financing:

Source: _____ Amount: \$ _____

Source: _____ Amount: \$ _____

(Note: FPEGF approval is required prior to the Consultant starting the Support Program.)

IMPORTANT – Please remember to enclose the following:

If applying for Aftercare program enclose:

- Terms of Reference or Proposal from the consultant outlining what he/she will provide (deliverables), timeframe, cost quote, hourly rate and methodology.
- Personal Business Résumé from the consultant that clearly identifies his/her ability to undertake the scope of the contract.

If applying for Business Plan Development, enclose the above plus:

- 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 applying for Skills Development program, enclose:

- Course Outline from the trainer or training organization.

The above information MUST BE INCLUDED in order to process this application.

Section D: CREDIT INFORMATION & DISCLAIMER – All Applicants must complete this section

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 and/or Shareholders 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 and/or Shareholders 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.

The Applicant and/or Shareholders acknowledges that the consultant has no vested interest in the business. The Applicant and/or Shareholders warrant that they have no direct or indirect ownership or family relationship with the consultant or any person involved in making written presentations to First Peoples Economic Growth Fund for which payment for such services is expected to be funded by First Peoples Economic Growth Fund.

Right to Publicize:

The Applicant hereby grants First Peoples Economic Growth Fund Inc. the right to make public announcements related to the funding granted, 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 funding granted.

Applicant Signature / Authorized Signatory	Print Name	Date
Witness Signature	Print Name	Date

Have you:

- attached a copy of your Status card (if applicable)?
- completed all sections of this application form IN FULL, which are applicable to the Applicant?

If an existing business, have you:

- attached previous financial statements?

If applying for Aftercare program, have you:

- attached the Terms of Reference or Proposal from the consultant?
- attached the Personal Business Résumé from the consultant?

If applying for Business Plan Development, have you enclosed the above plus:

- 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 applying for Skills Development program, have you:

- attached the Course Outline from the trainer or training organization?

Complete, sign and return this form and ALL accompanying documentation to FPEGF.