# Nishnawbe Aski Development Fund

##### **Equity Assistance Grant**

##### **APPLICATION**

This template is available in MS Word by contacting Financial Support Services at 1-800-465-6821. It is also available on-line at <http://www.nadf.org/article/application-forms-230.asp>

## Identification of Applicant:

## Name of Business:

Date this business started:

Business Address:

Mailing Address (if different):

Telephone:

Fax:

Contact/Authorized Person:

Title of contact:

Contact number:

Signature of authorized person:

Email of Contact:

Amount applying for (Max. $10,000):

**Overview**

Description and objective(s) – In one or two paragraphs, please provide detailed information about what the funds being requested will be used for and what the end result(s) will be if the funding you are requesting is approved. Ensure you provide detail as to how the venture meets one or more of the eligible activities and meets the application criteria or it may not be approved:

Start date:

Milestone(s) and date(s):

End date:

What information will be submitted to support that the venture has been completed? For example, pictures of final product, supporting invoices, etc.

What will be measured to ensure the goals have been achieved? For example, number of jobs created, forecasted economic impact on the local economy, number of widgets built, etc.

**Financial Budget**

Please complete the following:

**NOTE:** Include the amount of the grant you are applying for through NADF in the following budget and the source of the 10% cash contribution of the applicant.

|  |  |  |
| --- | --- | --- |
| PROJECTED REVENUES/FUNDING | | |
| Name of Contributor | Source of Funds | Total contribution |
| **NADF** | **Grant Application** | $ |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | Total Revenue | $ |

**NOTE: \*\*\***A quote from each supplier is required to be submitted with the application for the projected expenses**\*\*\***

|  |  |  |
| --- | --- | --- |
| PROJECTED EXPENSES | | |
| Name of Supplier | Description of Expense | Total Expense |
|  |  | $ |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | Total Expenses | $ |

**Evidence of 10% Cash Contribution**

Please provide evidence that you have the required 10% cash contribution of the overall cost of the venture, i.e. a bank statement or similar statement showing the funds are available. (statements must be in the name of the applicant)

**Evidence of Business Existence**

Please provide evidence of the businesses existence, for example, the master business license, a partnership agreement, incorporation documentation, business bank account statement, business registration number, and/or other documentation that may be relevant.

**Evidence of Aboriginal Ownership**

If the application is approved, you will be required to provide evidence that the business is owned by an Aboriginal person(s). Aboriginal ownership must be at least 51% or more of the business.

**Documentation Requirements Checklist**

Ensure the following documents are submitted with your application or the grant may not be approved.

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|  |  |
| --- | --- |
|  | Proof that 51% of the business is owned by Aboriginal people.   * Copy of status card, or metis card, or declaration of Aboriginal ancestry, and where required a copy of the articles of incorporation and partnership agreement. |
|  | A copy of the projected timeline from beginning of the venture to the end. |
|  | A copy of the evaluation mechanism for assessing the success of the project. |
|  | If this is a start-up business, a business plan summary. |
|  | Proof the applicant has the required 10% cash contribution.   * Bank statements in the name of the applicant. |
|  | Copies of quotes from the suppliers. |
|  | A copy of the projected budget - if a separate document. |