

**ABORIGINAL BUSINESS
CONTRIBUTION PROGRAM**



Application Form 2013/14

NISHNAWBE ASKI

DEVELOPMENT FUND



Nishnawbe Aski Development Fund
Aboriginal Business Contribution Program

Instructions for Completing your Application Form

1. The Application Form allows us to determine eligibility for support available through Aboriginal Business Contribution Program. Therefore, it is important that you answer all questions completely; do use attachments and include any additional information that supports your proposal, such as business studies, market studies, financial statements and relevant industry information.
2. Before making a commitment to provide assistance, ABCP may require an assessment of the potential impact of your project on the environment. To minimize delays, you should submit with your Application Form a copy of environmental studies or any other available information concerning possible environmental impacts.
3. Please ensure that your Application Form is signed and dated.
4. Please submit the completed Application Form, including attachments, to the ABCP office nearest you. We have ABCP Development Officers in:

Nishnawbe Aski Development Fund
251 Third Avenue, Suite 9
Timmins, ON P4N 1E4

Toll Free: (800) 461-9858
Tel: (705) 268-3940

Rainy Lake Tribal Area Business and Financial Services Corporation
1455 Idylwild Drive
P.O. Box 522
Fort Frances, ON P9A 3M8

Tel: (807) 274-8531

Nishnawbe Aski Development Fund
100 Anemki Drive, Suite 107
Fort William First Nation, ON P7J 1J4

Toll Free: (800) 465-6821
Tel: (807) 623-5397

Wakenagun Community Futures Development Corporation
28 Amisk Street
P.O. Box 308
Moose Factory, ON P0L 1W0

Toll Free: (800) 989-4850
Tel: (705) 658-4428

5. Before completing the assessment of your Application Form, a development officer will review the information in the document and contact you to discuss your proposal in more detail.
6. Following a review and discussion of the information provided, and depending on the nature of your application, you may be asked to supply a comprehensive business plan.
7. To be eligible for support, the applicant should be involved full-time with the proposed business in a management capacity.

8. When sending in your completed Application Form, please ensure you have included the following:

- Evidence of Aboriginal ancestry;
- Evidence of sufficient personnel financial resources to undertake the project you are proposing, a bank statement;
- A resume that highlights experience, training and/or education related to your business activity;
- For existing businesses, a copy of your most recent financial statements (*up to three years if available*);
- Any additional information that supports your proposal, such as business studies, market studies or relevant industry information; and
- A copy of any partnership agreements or incorporation documents

Failure to provide these documents with your Application Form will cause delays in assessing your project.

Funding Levels

- Individual entrepreneurs may receive contributions up to a maximum of \$99,999.
- Community-owned businesses may receive contributions up to a maximum \$249,999.

The level of support depends on a number of factors, including:

- Nature of the project
- Project Scope
- Need for financing
- Availability of other funding sources
- Projects Impacts/Economic Benefits

In order to determine eligibility, and assess your request for financial assistance, Aboriginal Business Contribution Program is authorized to collect limited personal information, including the following:

- We require documented proof of Aboriginal ancestry of applicants to confirm eligibility for the program.
- We collect the date of birth of applicants to establish their eligibility for youth entrepreneurial support and to facilitate the completion of a credit check that may be required as part of our assessment.
- We collect gender of applicants for statistical purposes only, to allow us to report on the demographics of our client base.
- We collect the education/experience of applicants to help us assess their collective business and management experience.
- We collect personal financial information of applicants to help us assess their ability to contribute capital and obtain commercial financing.

All information provided as part of this Application Form is subject to the provisions of the *Access to Information Act* and *Privacy Act*, and will be treated accordingly. All personal information collected will be retained for six years from the project completion date and transferred to National Archives of Canada for selective retention. To access your information, please contact us.

If your project is approved for a financial contribution from Aboriginal Business Contribution Program, it may be subject to the Government of Canada's proactive disclosure reporting requirements. This means that certain information about your authorized contribution (excluding any information for which disclosure would be prohibited under the *Access to Information Act* or the *Privacy Act*) could be posted on the Treasury Board Secretariat of Canada's external Web site.



**Nishnawbe Aski Development Fund
Aboriginal Business Contribution Program
Application Form**

To help us with our information and marketing efforts, please tell us where you learned about Aboriginal Business Contribution Program (ABCP).

I learned about the ABCP from: *(Check all that apply)*

- | | |
|--|--|
| <input type="radio"/> Advertising | <input type="radio"/> Conference, Workshop, Tradeshow |
| <input type="radio"/> Business Contact | <input type="radio"/> Indian and Northern Affairs Canada |
| <input type="radio"/> From my First Nation | <input type="radio"/> Past/Current Client |
| <input type="radio"/> Our website www.nadf.org | <input type="radio"/> Nishnawbe Aski Development Fund |
| <input type="radio"/> Other website _____ | <input type="radio"/> Other _____ |

A. Applicant Information

Applicant Legal Name	Business Operating Name
Mailing Address	Business Address (If different from mailing address)
Telephone & Facsimile Numbers Residence: _____ Business: _____ Cell Phone: _____ Facsimile: _____	Email Address

Ownership Information

Owner(s) Name	Ancestry (Attach documentation)	Gender	% Ownership	Date of Birth (mm/dd/yy)

Education/Experience *(attach resume)*

For each owner, please attach a resume, outlining education, training, and employment history along with management experience. Summarize how the education/experience relates to this proposal.

Summary of (Owner’s) Net Worth

If business has multiple owners, please submit a separate personal statement of net worth for each.

Assets	\$	Liabilities	\$
Cash/Bank Balance <i>(attach confirmation)</i>		Charge Account Balances	
Real Estate		Mortgages	
Equipment		Loans Outstanding	
Vehicles(s)		Vehicle(s)	
Other (Specify)		Other (Specify)	
Total Assets (A)		Total Liabilities (B)	
Net Worth (A)-(B)			

B. Project Information

I am seeking assistance for: *(check one ONLY)*

- Start or acquire a business
- Youth entrepreneur (aged 18-35)
- An existing business
- First Nation community-owned/based business

Description of the Project

What product or service will you be providing, or are you currently providing? Identify your current and/or existing target market and any existing competitors. Attach any additional information that helps support your proposal, such as business studies and relevant industry information.

Is the Project located in a First Nation Community?

- Yes First Nation: _____
- No

Structure of Business: *(Check one)*

- Individual/Sole Proprietor
- Corporation
- Partnership
- Joint Venture
- Other (Specify) _____

Please note that businesses and organizations must be majority Aboriginal-owned and controlled.

Estimated Project Costs and Financing

Please itemize major projected expenditures, and set out the proposed financing package. Total project costs must equal Total Project Financing. These are estimates only and are intended to provide ABCP with information on the expected size and scope of your project.

Estimated Project Costs	\$	Estimated Project Financing	\$
BUSINESS PLANNING		Minimum Applicant Cash Equity Required <ul style="list-style-type: none"> • <i>Business Plans/Business Support: 25% of Cost</i> • <i>Capital and Operating: Youth 10%, Others 15%</i> 	
CAPITAL		Aboriginal Business Contribution Program (ABCP)	
Land			
Building			
Equipment			
Inventory		Other Government Assistance	
Other (Specify)			
Other (Specify)			
OPERATING		Commercial Financing	
Insurance			
Utilities			
Other (Specify)			
MARKETING		Other Financing	
BUSINESS SUPPORT			
Total Estimated Project Cost	\$	Total Estimated Project Financing	\$

Sources of Commercial Financing

Please identify the contact person and telephone number of financial institutions, government organizations or others you have approached to finance this project.

Contact Person	Telephone Number	Organization

C. Other Information

1. Have you, or any other business that you own or have previously owned, received financial assistance from the Government of Canada. If yes please describe.

Yes _____

No

2. Are you applying to any other government programs for financial assistance for this project? If yes, please describe.

Yes _____

No

3. Do you, or your business, owe money to the Government of Canada? If yes, please indicate to which department or agency and list amount(s).

Yes _____

No

4. Have you already made any financial commitments to the project? If yes, please list amount(s). **NOTE: Any costs for which you have made a legal commitment prior to project approval will not be eligible for Aboriginal Business Contribution Program (ABCP).**

Yes _____

No

D. Declaration *Note: Each applicant must sign and date this Application Form.*

To: Aboriginal Business Contribution Program (ABCP)

The statements herein and the attachments hereto reflect an accurate description and estimate of costs regarding the intended project.

I (WE) authorize duly appointed representatives of ABCP to obtain from and share with persons or organizations, public or private, any information necessary to complete the assessment of the project outlined in this Application Form.

I (WE) certify that I am (we are) of Aboriginal ancestry and/or represent a company that is majority-Aboriginal owned.

I (WE) consent to Aboriginal Business Contribution Program (ABCP) sharing my (our) name(s), phone number, and e-mail address with third party service providers (who are required to safeguard the handling of this information under the *Personal Information Protection and Electronic Documents Act* (PIPEDA) and/or the *Privacy Act*) for statistical, research and evaluation purposes for the Aboriginal Business Contribution Program.

I (WE) declare that if I (WE) have used or are using the services of a lobbyist for the purposes of my (our) application for financial assistance, the lobbyist(s) is (are) in compliance with the *Lobbyists Registration Act*.

Signature	Date
Signature	Date
Signature	Date