



WAUBETEK
BUSINESS DEVELOPMENT CORPORATION
A Community Futures Development Corporation



*Investing in
the Aboriginal
Business Spirit*

FINANCING APPLICATION For Business Plan/Business Support Projects

This application form is for applying for a Waubetek Business Plan or Business Support contribution. Please call one of our Business Development Officers in advance of completing this application form. Any application with costs of \$10,000.00 or more must be supported with at least three competitive cost quotes from consultants/experts with the background and experience to provide the services.

HOW DID YOU HEAR ABOUT OUR PROGRAMS AND SERVICES?

- | | |
|---|--|
| <input type="checkbox"/> Economic Development Officer | <input type="checkbox"/> Waubetek Facebook page |
| <input type="checkbox"/> Signs | <input type="checkbox"/> Information Sessions hosted by Waubetek |
| <input type="checkbox"/> Word of Mouth (friends/family) | <input type="checkbox"/> Waubetek Newsletter |
| <input type="checkbox"/> Waubetek Website | <input type="checkbox"/> Waubetek Radio Ads |

Other (please specify): _____

BUSINESS INFORMATION:

1) Applicant # 1 Ownership percentage: _____% 2) Applicant # 2 Ownership percentage: _____%

Business Operating Name: _____ Corporation Number (if incorporated): _____

9 digit CRA Business Number _____ Ontario Business Name Reg. No. (BIN) _____

Expiry Date: _____

Business Physical Address: _____ Business Telephone Number: _____

_____ Business Email Address: _____

_____ Website Address: _____

APPLICANT INFORMATION:

NOTE: If more than two applicants, please attach sheet with same information below plus Summary of Net Worth for each applicant. **Primary applicant must be Registered Status or Inuit.**

1) Primary Applicant: Legal Name (as shown on Driver's License or primary ID used for business purposes): _____

Name as shown on ID: _____

Male Female
 Gender Neutral

First Nation Community: 10-digit Status card no. _____ Inuit Tapiriit Kanatami membership letter att'd

Social Insurance Number: _____ Date of Birth (dd/mm/yy): _____

Home Mailing address: _____

Home Telephone #: _____ Cell Phone #: _____

Personal Email Address: _____

2) Second Applicant: Legal Name (as shown on Driver's License or primary ID used for business purposes): _____

Male Female
Gender Neutral

Name: _____

First Nation Community: 10-digit Status card no. _____ Inuit Tapiriit Kanatami membership letter att'd

First Nation Unregistered (Non-Status) Metis Non-Indigenous

Social Insurance Number: _____ Date of Birth (dd/mm/yy): _____

Home Mailing address: _____

Home Telephone #: _____ Cell Phone #: _____

Personal Email Address: _____

APPLICANT/OWNER'S SUMMARY OF NET WORTH

(If there are more than two applicants, please attach sheet with same information below for each applicant)

ASSETS	\$	LIABILITIES	\$
Own Home (Y/N)	_____	Credit Card/Charge Account Balances	_____
Cash/Bank balance(s)	_____	Mortgages	_____
Equipment Vehicles	_____	Loans outstanding	_____
Other (specify) Total	_____	Vehicle loan outstanding	_____
Assets	_____	Other (specify)	_____
(A)	_____	Total Liabilities	(B) _____

Applicant/Owner's Summary of Net Worth: (A) - (B) = \$ _____

ESTIMATED BUSINESS PLAN / BUSINESS SUPPORT PROJECT FINANCING \$

Consultant Costs: (Check One) <input type="checkbox"/> Feasibility, <input type="checkbox"/> Business Plan, <input type="checkbox"/> Business Valuation Total	Consultant Name: _____ _____ _____ \$ 0.00	\$ _____ \$ _____ \$ _____ \$ 0.00
Business Support (check all that apply) <input type="checkbox"/> Bookkeeping <input type="checkbox"/> Legal <input type="checkbox"/> Mentoring / Training Total	Name of Service Provider: _____ _____ _____	\$ _____ \$ _____ \$ _____ \$ 0.00
Total BP/BS Project Costs	Total BP/BS Project Financing	\$ _____

Applicant Background – Applicant(s) experience, background and credentials related to the industry/type of business. Please add copies of related licenses or certificates you possess for the type of business proposed.

Proposed Business – Please provide a summary of your business project/plan including: a) description of your product or service, b) service area, c) annual revenue, d) your role in the business; and e) list start-up costs.

Present Market – Please describe your area/region of operation, target clientele, competition, and your competitive advantages over the competition, and your potential for growth.

Business Plan Consultant Information – Name of proposed Consultant with full contact information.

Financing:

a) Total Business Plan/Business Support costs not including HST. \$ _____

b) Your applicant Cash investment of 25% of the total cost (Please confirm you cash towards the project with copy of your current bank statement (see below) \$ _____

c) Request to the Waubetek Business Development Corporation of 75% of the total cost \$ _____

NOTE: HST is NOT an eligible cost under any of Waubetek’s financing programs. Please ensure that you have sufficient funds for taxes in addition to your equity share. Consult with your accountant for claiming tax credits in your annual tax filing.

Required Attachments

(All highlighted sections must be attached to the application before the application is considered complete; otherwise, it may not be considered.)	If Yes, please add attachment	NO	N/A
Attach identification. This includes: Birth Certificate, Aboriginal Ancestry (Certificate of Indian Status, letter of confirmation through the Inuit Tapiriit Kanatami) and Driver’s License (photocopy all front and back).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide proof of cash equity in the form of current bank statement. Date of statement (dd/mm/yy) Amount available (\$)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attach resume (include legible photocopies of any certifications / licenses you have attained that pertain to this business). Do NOT send originals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attach the written proposal and detailed cost quote from the business consultant/expert. The quote must contain the business consultant’s/experts business address, email address and phone number as well as the details on their expertise, industry experience and approach to the assignment along with a plan outline.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attach a partnership agreement and/or articles of incorporation of the business if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: If financing is approved, a Social Insurance Number and a voided cheque or bank confirmation for a business bank account will be required. These requirements will be stated in any financing agreement.

Declaration

I (We) certify that all information given in this application is true and complete.

I (We) authorize the Waubetek Business Development Corporation 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.

I (We) authorize the Waubetek Business Development Corporation to audit the records of my business during the term of my agreement with Waubetek.

I (We) understand that any false information given in this application and any accompanying materials may result in the rejection of this application or the immediate demand for the repayment of the loan in full with any interest accrued thereon.

I (We) authorize Waubetek Business Development Corporation to verify the information provided on this application as to my credit and employment history.

Please Print Name of Applicant

Signature of Applicant

Please Print Name of Applicant

Signature of Applicant

Signed at _____ this _____ day of _____
(location) (day) (month) (year)

***** IMPORTANT NOTICE *****

Costs incurred prior to written approval for Financing by Waubetek will not be eligible. Also, cash payments for approved project purchases are also not eligible.

Once this application is complete...remit to Waubetek.
For further information or assistance with this application, please contact our office at:

Waubetek Business Development Corporation
P.O. Box 209, 6 Rainbow Valley Road, Birch Island, Ontario P0P 1A0
Phone: (705) 285-4275
E-mail: waubetek@waubetek.com

For office use only:

Date Application Received by Waubetek	Receiver's Initials	Business Location	BDO Initials
_____ Month / Day / Year			