WAUBETEK BUSINESS DEVELOPMENT CORPORATION
E-COMMERCE GRANT APPLICATION

PRIMARY APPLICANT INFORMATION		Ancestry:	First Nation	
Name (As appears on ID):		**First Nation Community:**		
Home Address:		**First Nation Status #:**		
Personal Email #:		**Date Of Birth:** (YYYY/MM/DD)		
Personal Phone #:		**Social Insurance #:**		

SECONDARY APPLICANT INFORMATION		Ancestry:	First Nation Metis	Inuit Non-Indigenous
Name (As appears on ID):		**First Nation Community:**		
Home Address:		**Memberhip #:**		
Personal Email #:		**Date Of Birth:** (YYYY/MM/DD)		
Personal Phone #:		**Social Insurance #:**		

BUSINESS INFORMATION		Business Type:	Sole Proprietorship Incorporated	Partnership Not-For-Profit
Operating Name:		**CRA Business #:**		
Business Address:		**Ontario Bus. Reg. #:**		
		Expiry Date: (YYYY/MM/DD)		
Business Phone #:		**Incorporation #:**		
Business Email:		**Website Address:**		

Owners (list all owners of the Business)	% Owned	Indigenous		Directors and Officers (Name & Position Title)
		YES	NO	
		YES	NO	
		YES	NO	
		YES	NO	

Number Of Full Time Employees		Number Of Part Time Employees		Number Of Seasonal Employees	
Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous

APPLICANT ELIGIBILITY		
1) The Business is a small to medium individual or community-owned Indigenous business with no more than 500 employees?	YES	NO
2) The Business is at least 50.01% owned and/or controlled by an Indigenous person or community?	YES	NO

BUSINESS & PROJECT OVERVIEW

1) Describe your Business: Please provide a summary of your business including a) description of your product or service, b) service area, c) annual revenue, and d) your role in the business	
2) Project Overview: Please provide a detailed summary of your project and costs. What are your main e-commerce objectives? What work will be carried out and by who? Who in your organization will be responsible for ensuring the project is carried out successfully?	

3) **Expected Outcomes:** What are the expected outcomes of this project? How will it benefit your business and contribute to your growth?	

PROJECT BUDGET & FINANCING (All cost quotes must be attached with your application)

PROJECT COSTS (**List and attach all cost quotes**)	$	PROJECT FINANCING	$
		E-Commerce Grant Financing Request	
		Other:(describe)	
Total Project Cost		**Total Project Costs**	

CONSULTANT / VENDOR DETAILS

Vendor Name	Main Contact	Phone #	Email Address	Deliverables

APPLICANT ASSURANCES AND APPLICATION AUTHORIZATION

As a recipient of financing support from Waubetek, and as a duly authorized representative of this organization, I certify that this organization:

1. Will use the funds to supplement and expand existing resources, not to replace or reimburse ongoing programs and services;
2. If incorporated or a not-for-profit entity, has a voluntary board of directors and has obtained board approval to apply for the funds
3. Will spend the funds only on eligible costs and maintain thorough documentation (such as copies of cancelled checks, invoices, receipts, etc.) for all expenditures.

Primary Applicant Name	Title/Position	Signature	Date

Secondary Applicant Name	Title/Position	Signature	Date

For Office Use Only

Reviewed by:

Business Development Officer	Signature	Date

Approved by:

General Manager	Signature	Date