



HOW DID YOU HEAR ABOUT OUR PROGRAMS AND SERVICES?

- Economic Development Officer
- Signs
- Word of Mouth (friends/family)
- Waubetek Website

- Waubetek Facebook page
- Information Sessions hosted by
- Waubetek Newsletter
- Waubetek Radio Ads

Other (please specify): _____

* Must be an Indigenous business (Minimum 51% Indigenous owned and led), that is registered in Ontario by September 1, 2021

APPLICANT INFORMATION:

NOTE: If more than two applicants, please attach sheet with same information below plus Summary of Net Worth for each applicant.

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

- Male Female
- Gender Neutral

First Nation Community: 10-digit Status card no. _____

First Nation Unregistered (Non-Status) _____

Inuit Tapiriit Kanatami membership letter att'd

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

Home Mailing address: _____

Residence Telephone #: _____ Cell Phone #: _____

Personal Email Address: _____

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

- Male Female
- Gender Neutral

First Nation Community: 10-digit Status card no. _____

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

Inuit Tapiriit Kanatami membership letter att'd

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

Home Mailing address: _____

Residence Telephone #: _____ Cell Phone #: _____

Personal Email Address: _____

BUSINESS INFORMATION:

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

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

9 digit CRA Business Number: _____ 8 digit Ontario Master Bus. Lic. No. w/ _____

Date Business started: _____ Expiry Date: _____

Business Physical Address: _____ Business Telephone Number: _____

_____ Business Email Address: _____

_____ Website 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	Primary applicant	Secondary applicant	LIABILITIES	Primary applicant	Secondary applicant
Cash/Bank balance(s)			Credit Card/Charge Account Balances		
Real Estate			Mortgages		
Equipment			Loans outstanding		
Vehicles			Vehicle loans outstanding		
Other (specify)			Other (specify)		
Total Assets (A)	\$	\$	Total Liabilities (B)	\$	\$

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

PROJECT SUMMARY:

Explain how financing under the Business Recovery Fund program will be utilized to support the recovery of your business from the economic effects of Covid-19 Pandemic? (Note: Funds may be used to cover general expenses such as staff salary, mandatory employee benefits, rent, utilities and taxes. Funds may also be used towards increasing production capacity, developing new products, moving to online marketing, or to make improvements to accommodate social distancing requirements.)

BUSINESS SUMMARY: Tell us about your business in the following sections or provide your business plan.

Business Background: (years of operations, location, number of staff and their positions, historical sales & sales forecasts)

Products and Services: (What do you sell, what is its pricing and how do you sell it?)

Management: (Management experience, qualifications and accreditation of the business owners and other managerial level staff members)

Business Operations: (days/hours of operation? Do you own or lease space to operate your business?)

Market: (Who is your customer? Why do they purchase these products or services? What demand is there for your product or service?)

Competition: (Who? Where? What do they offer? Why do customers choose your business over the competition?)

ESTIMATED PROJECT COSTS:

<input type="checkbox"/> Business Planning, Feasibility	Describe:	\$
<input type="checkbox"/> Bookkeeping	Describe:	\$
<input type="checkbox"/> Legal	Describe:	\$
<input type="checkbox"/> Mentoring	Describe:	\$
<input type="checkbox"/> Capital Construction, Renovations	Describe:	\$
<input type="checkbox"/> Equipment	Describe:	\$
<input type="checkbox"/> Inventory (3 months)	Describe:	\$
<input type="checkbox"/> Insurance	Describe:	\$
<input type="checkbox"/> Utilities	Describe:	\$
<input type="checkbox"/> Rent	Describe:	\$
<input type="checkbox"/> Promotional materials	Describe:	\$
<input type="checkbox"/> Media Advertising	Describe:	\$
<input type="checkbox"/> Website	Describe:	\$
<input type="checkbox"/> Signage	Describe:	\$
<input type="checkbox"/> Other:	Describe:	\$
<input type="checkbox"/> Other:	Describe:	\$
Total Project Costs		\$

EMPLOYMENT OUTCOMES:

Outcomes (Year 1)	Full-time	Part-time	Seasonal
Jobs created			
Jobs maintained			

APPLICANT CHECKLIST:

(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 resume, certifications / licenses you have attained that pertain to this business. Do NOT send originals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please attach copies of the past three years of financial statements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attach identification. This includes a Birth Certificate, Aboriginal Ancestry (Certificate of Indian Status, letter of confirmation through the Inuit Tapiriit Kanatami) and Driver's Licence (photocopy all front and back).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If your business is located on-reserve, attach a First Nation business permit, if required and your Certificate of Possession. If you are off-reserve, provide applicable licenses (federal, provincial, or municipal).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please attach the following forms: Business Registration with Canada Revenue Agency, Ontario Master Business License, and Workplace Safety and Insurance Board Registration (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you related to a member of the Waubetek Board or staff? If yes, please specify the relationship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever declared bankruptcy? If yes, please provide written details of the bankruptcy.	<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"/>
Have you received any previous financial assistance from Waubetek or the Government of Canada? If yes, please give description.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your business owe money to the Government of Canada? If yes, please provide written details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide written cost quotations from the supplier for any costs greater than \$1,000. The quote must contain vendor's business address, phone number and price. For costs greater than \$10,000, we require 3 quotes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide copies of any business contracts or letters of intent from potential customers for your business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attach confirmation that the business has adequate commercial liability and business property insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any reasons (legal, medical, etc.) why you may not be able to complete your project? If yes, please provide a written description of the issue(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attach a quote or confirmation that the business has or will enter into an acceptable bookkeeping contract with an accountant/bookkeeper in order to provide annual financial statements to Waubetek. Accountant/Bookkeeper Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT AUTHORIZATION:

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

I (We) authorize and consent to having the Waubetek Business Development Corporation 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 right of access to any relevant funding agency to review any of my client files maintained by the Waubetek Business Development Corporation.

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 any contribution or loan in full with any interest accrued thereon.

I (We) authorize the 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 _____ 20 _____
(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:

If financing is approved, Social Insurance Number and a voided cheque or bank confirmation for a business bank account will be required.

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

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