

BUSINESS FUNDING APPLICATION (A1)

PRIMARY APPLICANT

LEGAL NAME (Matches government ID)

LAST: _____ FIRST: _____ MIDDLE: _____

PHONE (primary): Cell _____ PHONE (secondary): Cell _____

Email (personal): _____ Would you like NEDC event emails? Yes

HOME Address: _____ City: _____

Postal Code: _____ Rented Owned On-reserve

MAILING Address: _____

City: _____ Postal Code: _____

Ancestry: Status Metis Inuit Non-Status Non-Aboriginal First Nation Community Contact

SIN Number: _____ Birth Date: _____

Status Number: _____ Nation Name: _____

Marital Status: Single Married/
Common-law # of Dependents: _____ Disability to declare? Yes No

CREDIT HISTORY

Do you have Credit Problems: Yes No In the Past Have you declared bankruptcy: Yes No In the Past

FUNDING DECLARATION

Do you, or your business, owe money to the Government of Canada? Yes No

Have you, or any business that you own or have previously owned, received financial assistance from NEDC? Yes No

Have you, or any business that you own or have previously owned, received financial assistance from the Government of Canada (including Aboriginal Affairs and Northern Development Canada)? Yes No

DECLARATION & CONSENT OF APPLICANT

PERSONAL INFORMATION COLLECTION, USE & DISCLOSURE

NEDC is responsible for the administration of a wide variety of programs and services as further described in our website (www.nedc.info). In administering these programs, NEDC collects, uses and discloses personal information for the following purposes:

- i. To perform its contractual obligations to the Government of Canada and Province of British Columbia for the term of the agreement(s) such as keeping records of program participant for meeting reporting requirements;
- ii. Collecting and tracking aggregate information of program participants to evaluate the effectiveness of the program and to meet funding requirements;
- iii. To meet, maintain, monitor, evaluate and regulate programs and client participation in programs including providing loans and other monies to clients;
- iv. To meet terms, conditions and obligations of employment to our employees such as for benefit and payroll administration; and
- v. To promote NEDC programs to its clients, members and the public.

I authorize duly appointed representatives of NEDC to obtain information from and share with persons or organizations, public or private, any information necessary, including credit information, about me from my credit bureau, employers, suppliers, bank or any person in connection with to my dealings, to complete the assessment of the project.

I hereby consent to the collection, use and disclosure of my personal information by NEDC for the purposes of my application and participation in NEDC programs and any and all financial and government reporting requirements of NEDC in administering this application and my participation in such NEDC programs.

Signature of Applicant (or Authorized Signatory)

Date

CO-APPLICANT

LEGAL NAME (Matches government ID)

LAST: _____ FIRST: _____ MIDDLE: _____

PHONE (primary): Cell _____ PHONE (secondary): Cell _____

Email (personal): _____ Would you like NEDC event emails? Yes

HOME Address: _____ City: _____

Postal Code: _____ Rented Owned On-reserve

MAILING Address: _____

City: _____ Postal Code: _____

Ancestry: Status Metis Inuit Non-Status Non-Aboriginal First Nation Community Contact

SIN Number: _____ Birth Date: _____

Status Number: _____ Nation Name: _____

Marital Status: Single Married Number of Dependents: _____ Do you have a disability? Yes

CREDIT HISTORY

Have you ever: Had Credit Problems: Yes No Declared bankruptcy: Yes No

FUNDING DECLARATION

Do you, or your business, owe money to the Government of Canada? Yes No

Have you, or any business that you own or have previously owned, received financial assistance NEDC? Yes No

Have you, or any business that you own or have previously owned, received financial assistance from the Government of Canada (including Aboriginal Affairs and Northern Development Canada)? Yes No

DECLARATION & CONSENT OF Co-APPLICANT

PERSONAL INFORMATION COLLECTION, USE & DISCLOSURE

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Signature of Applicant (or Authorized Signatory)

Date

BUSINESS INFORMATION

Business Name: _____ Full-Time Part-Time Seasonal
Structure of Business: Sole Proprietor Partnership Corporation Community Owned Unknown
Is the business registered? Yes No I Don't Know Do you have a business license? Yes
Business Number (if registered): _____ *(from your City or First Nation)*

| Business Owner(s) Name | Sex | % of Ownership |
|------------------------|--|----------------|
| _____ | <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> X | _____ |
| _____ | <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> X | _____ |

If more than 1 owner, you MUST attach "Form A2: Additional Applicant" for each additional owner.

Business Contacts Business Office is same as Home Address Business Mailing Address is same as Home

OFFICE Address: _____ Rented Owned On-reserve

City: _____ Postal Code: _____

BUSINESS MAILING Address: _____

Phone: _____ Email: _____ Website: _____

PROJECT INFORMATION

Business Overview *What do you do? Who are your customers? Etc. :*

What Type of Project are you requesting funds for? Start-up a Business Expand a Business Buy a Business
 Business Planning Feasibility Study Hire a Consultant

Project Description *(Describe what you need these funds for? What will you buy? Who will you hire? What are you spending money on)*

Financing Request (How much are the total project costs?): \$ _____

Please be prepared to share a breakdown of these costs with your business development officer. More details will be needed later in the process.

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