

The file will only be processed when all the above items are attached.

A response will be issued within 30 business days.

Applicant's / Applicants' legal name	Business operating name and business number (if available) Start-up date:
Mailing address	Business address (if different from mailing address)
Email address	Work phone
Home phone	Cell

If more than one Promoter is involved in the project, please provide information for each Promoter (See Appendix A)

Owner(s) name	Beneficiary Number	Community of affiliation	Date of birth	Percentage ownership

If more than four promoters are involved in the project, please provide information (See Appendix B)

I am requesting financing for (check all applicable cases)

- Start-up
- Acquisition
- Expansion
- Other _____

Structure of the business (when applicable)

- Sole proprietorship
- Partnership
- Non-Profit
- Corporation
- Incorporated Company
- Cooperative
- Joint venture
- Other _____

Products and/or services

Description of the project

Employment opportunities

Number of jobs created and/or maintained (permanent, temporary, seasonal, part-time, full-time)

Qualifications, licenses, education and expertise of the applicant(s), manager(s) and external resource(s)

Potential Market

What is the overall market (who are they, what are their needs, where are they located, why will they be interested, letter of interests from potential clients, contracts in hand, etc.)

Project Costs	\$	Project Financing	\$
Cash Flow		Owner's Investment (A minimum equity of 10% of the total project cost is required)	
Capital Costs			
Building		Grants CEAF (must not exceed 25% of the total project financing) SOCCA Other	
Leasehold improvements			
Equipment			
Inventory			
Other (specify)			
Operating Costs		Loans EEG SOCCA BDC Bank and Branch (specify)	
Insurance			
Utilities			
Salaries			
Other (specify)			
Marketing Costs		Other _____	
Business Support Costs		Other Financing	
Other (specify)			
Total Project Costs		Total Project Financing	

<p>Additional Information Regarding Project Costs or Project Financing</p>

I (we) authorize representatives of the Department of Commerce and Industry of the Cree Nation Government 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.

List of people we could contact, with their coordinates and the purpose

_____ Applicant's signature	_____ Date
_____ Applicant's signature	_____ Date
_____ Applicant's signature	_____ Date
_____ Applicant's signature	_____ Date

Questions or comments

Empty box for questions or comments.

Appendix A – Additional Applicants

Applicant's / Applicants' legal name	Business operating name and business number (if available) Start-up date:
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Appendix B – Information About the Promoters Involved in the Project

Owner(s) name	Beneficiary Number	Community of affiliation	Date of birth	Percentage ownership