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Grand Council of the Crees (Eeyou Istchee) Grand Conseil des Cris (Eeyou Istchee)

> Ġ.ġ/À≻ל ∩∿⊳∩Ĺ∘ Cree Nation Government Gouvernement de la Nation Crie



Department of Commerce and Industry

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G.C.C.E.I.

C.N.G.

CREE ENTREPRENEURSHIP ASSISTANCE FUND (CEAF)

APPLICATION FORM

Applicants should consult with their local Economic Development Officer (EDO) for advice and assistance. Our personnel is also available to answer questions and provide some assistance, so do not hesitate to contact us.

IMPORTANT NOTICE

The following information must be attached for a file to be processed:

- □ Application Form
- □ Band Council Resolution(s)
- □ Proof of Equity (bank statement representing 10% of total project cost)
- □ Résumé of each promoter(s) involved in the project
- Business Plan or Feasibility Study
- □ Financial statements (for existing business past 2 years)
- Operating Budget and Cash Flow
- □ Confirmation of acceptance from other funding sources (please complete list)

When applicable, these documents must also be attached:

(Applicants will be informed which are required. If you have these already, attach them to avoid delays)

- □ Permits and licenses required to operate this kind of business
- Letter of Authorized Agent / Representative
- Partnership Agreement
- □ Environmental assessment and/or compliance
- □ Quotations from suppliers (to validate the project costs)
- □ Letter of interest (possible future client) or sales contract(s)
- □ Other supporting documents

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
 □
 Corporation
 □
 Joint venture

 □
 Partnership
 □
 Incorporated Company
 □
 Other
- Partnership
 Incorporated Company
 Ot
 Non-Profit
 Cooperative

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 tetal puriest east is	
Capital Costs	the total project cost is required)	
Building		
Leasehold improvements		
Equipment	Grants	
Inventory	CEAF (must not exceed 25% of the total project financing)	
Other (specify)	SOCCA Other	
Operating Costs		
Insurance		
Utilities	Loans	
Salaries	EEG SOCCA	
Other (specify)	BDC Bank and Branch (specify)	
Marketing Costs	Other	
Business Support Costs		
Other (specify)	Other Financing	
Total Project Costs	Total Project Financing	

Additional Information Regarding Project Costs or Project Financing

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		
Questions or comments			

Appendix A – Additional Applicants

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

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		

Appendix B – Information About the Promoters Involved in the Project

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