

Grand Council of the Crees (Eeyou Istchee)

Grand Conseil des Cris (Eeyou Istchee)

Cree Nation Government

Gouvernement de la Nation Crie



DEPARTMENT OF COMMERCE AND INDUSTRY DÉPARTEMENT DU COMMERCE ET D'INDUSTRIE

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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.

TANT NOTICE llowing information must be attached for a file to be processed:								
Application Form								
Band Council Resolution(s)								
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								
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	he	processed	when	all	the	above	items	are	attached.
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All applications must be submitted to the DCI in both an electronic and hard copy format, with the original signature (the applications will be date stamped and a status response will be issued within 30 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 telephone number				
Residence telephone number	Cell telephone number				

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

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

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

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I am ı	requesting financing for	(check a	ll applicable cases)		
	Start-up		Acquisition	Expansion	
	Other				
Struct	ture of the business (whe	n applica	able)		
	Sole proprietorship		Corporation	Joint venture	
	Partnership		Incorporated Company	Other	
	Non-Profit		Cooperative		

Products and/or services
Troutes una, or bervices
Description of the project
Employment opportunities
Number of jobs created and/or maintained (permanent, temporary, seasonal, part-time, full-time)

Qualifications, licences, education and expertise of the applicant(s), manager(s) and external
esource(s)
otential Market
What is the overall market (who are they, what are their needs, where are they located, why will
ney be interested, letter of interests from potential clients, contracts in hand, etc.)

1	\$ Project Financing	\$
Cash Flow	Owner's Investment	
	(A minimum equity of 10% of	
Capital Costs	 the total project cost is	
Building	required)	
Leasehold improvements		
Equipment	Grants	
Inventory	CEAF (most not exceed 25%	
Other (specify)	of the total project financing)	
	SOCCA	
	 Other	
Operating Costs		
Insurance		
Utilities	Loans	
Salaries	EEG	
Other (specify)	SOCCA	
	BDC	
	Bank and Branch (specify)	
Marketing Costs		
	Other	
	Other	
Business Support Costs		
Other (specify)	Other Financing	
Training Costs		
Other (specify)	_	
Traveling Costs		
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								
Applicant's signature	Date								
Applicant's signature	Date								
Applicant's signature	Date								
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 telephone number
Residence telephone number	Cell telephone number
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 telephone number
Residence telephone number	Cell telephone number

$Appendix \ B-Information \ About \ the \ Promoters \ Involved \ in \ the \ Project$

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