

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

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)

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 _____
 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, licences, 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			
Leasehold improvements		Grants CEAF (most not exceed 25% of the total project financing) SOCCA Other	
Equipment			
Inventory			
Other (specify)			
Operating Costs		Loans EEG SOCCA BDC Bank and Branch (specify)	
Insurance			
Utilities			
Salaries			
Other (specify)			
		Other _____	
Marketing Costs			
Business Support Costs		Other Financing	
Other (specify)			
Training Costs			
Other (specify)			
		Total Project Financing	
Traveling Costs			
Total Project Costs			

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

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:
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Appendix B – Information About the Promoters Involved in the Project

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