



File No. _____

APPLICATION FORM

Seed Capital Program

Instructions:

- Please submit a signed application to the address provided with this form.
- Attach your business plan.
- All information will be kept confidential unless otherwise required by law.
- You must be 18 years or older to be eligible for this program. Applicants less than 19 years of age will require the signature of a parent or legal guardian. Applicants between the ages of 18 and 34 will be eligible for start-up assistance, expansion or modernization of an existing business while an applicant 35 years of age and older will be eligible for start-up assistance only.

Name of Applicant: _____

Telephone: Bus _____

Home _____

Mailing Address: _____

Fax: _____

E-Mail _____

Description of Proposed Project or Business Idea. (Include a description of your product or service, suggested price, expected sales and how you plan to market your product. If you have not yet decided on some of these matters, simply describe your idea as best you can). Please enclose as an attachment to this application form or as part of your business plan.

Form of Business Planned:

Limited Company

Partnership

Cooperative

To be Incorporated

Sole Proprietorship

Other (specify) _____

Is your business already operational? _____

If yes, when did your business begin to operate? _____

If no, when do you plan to start? _____
located _____

Where will your business be located _____

Principal Owners of your business:

Name	% Ownership	Title

Describe any courses you have taken or previous work or volunteer experience that may help you in operating your business:

Are there any areas in which you feel you may need business counselling or training? For example: preparing a business plan, bookkeeping, marketing, controlling cash flow, etc. (Your needs will be further evaluated.)

Estimated employment including yourself to be created by this project,:

Permanent Full-Time: _____

Permanent - Seasonal: _____

Permanent Part-Time: _____

Summary of Estimated Project Costs and Financing:

PROJECT COSTS

Land	\$	_____
Buildings/Lease		_____
Equipment		_____
Working Capital		_____
Other		_____
TOTAL ASSETS	\$	_____

SOURCES OF FINANCING

Seed Loan	\$	_____
Bank Loan		_____
Mortgages		_____
Other		_____
Equity		_____
Other		_____
TOTAL FINANCING	\$	_____

Have you made any financial or legal commitments on behalf of the proposed business or project?

No Yes Provide details

Applicant's Personal Financial Statement

		Assets		Liabilities	
Cash	\$	_____	Bank Loan	\$	_____
Real Estate		_____	Mortgages		_____
Other		_____	Credit Cards		_____
Automobile		_____	Other		_____
Stocks, Bonds		_____	Student Loan		_____
TOTAL	\$	=====	TOTAL	\$	=====
NET WORTH:	\$	=====	(Total Assets minus Total Liabilities)		

References (may include teachers, business associates, bankers, previous employer, professional references such as your lawyer, accountant, insurance company etc)

Contact Person	Relationship to Applicant	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please describe any potential environmental impact of your business.

Official language preferred for correspondence English ___ French ___

Date of Birth (Needed to determine eligibility for this program):

Enclosures

Business Plan Recent Financial Statements Resumé

DECLARATION OF APPLICANT

- a) I confirm that the information given in this application is, to the best of my knowledge and ability, complete, true and correct.
- b) I certify that financial assistance from the Seed Capital Program is a significant factor in the decision to proceed with this project.
- c) I will provide all information required to complete the assessment of this project and I authorize the Delivery Agent of the Seed Capital Program to make any enquiries of such persons, firms or corporations or other government agencies as deemed necessary in order to reach a decision on this application.

Signature of Applicant

Signed at _____ this _____ day of _____ 20 ____ .