



Office Use only:	
Intake:	_____
Date Received:	_____
Youth: Y/N	Program: _____

Applicant Information

Name:	Date of Birth (dd/mm/yyyy):		
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Address:	City/Town:	Province:	Postal Code:
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Telephone Number:	Alternate Telephone Number:	Email Address:
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Are you employed?	If yes, are you full-time, part-time, casual/on-call?
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Are you self-employed?	If yes, what is your business name and how long have you been operational?
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Are you participating in any government programs (i.e. Ontario Works, ODSP, EI)? Specify.

Are you eligible for any Indigenous Funding? Yes ___ No___

Briefly describe yourself. What are your strengths and weaknesses?

If you are already self-employed, what do you consider to be the best part of the experience? What do you find to be the most challenging aspect?
OR
If you are thinking of becoming an entrepreneur, why do you want to? What do you think will be the best part of the experience? What do you think would be the most challenging aspect for you?

What kind of skills and experience do you have that make you/would help you to be a successful business owner (i.e. education, work experience, personality traits, etc.)?

What is the nature of your business/proposed business? What are your potential or existing revenue streams?

Who else is doing this? List at least 3 competitors.

- 1.
- 2.
- 3.

What makes your business idea better/stand out from the competition? Why do/would customers choose you instead?

Describe your ideal customer (target market). Consider age, gender, lifestyle, etc.

Have you owned a business before? What is the status (operating, full time, part time, seasonal, closed, etc)			
Have you conducted research about your market? (Customers, competition, environment, etc.). If so, what are your results? Is there sufficient market and demand for your product or service?			
<ul style="list-style-type: none"> • What is the structure of your business (sole proprietorship, partnership, & corporation)? • Full-time or part-time? Seasonal or year-round? • Where your business is/will be located (e.g. home-based, mobile, in an office, storefront, etc.)? 			
Explain how you promote/plan to promote your business (e.g. signs, radio ads, social media, etc.). Do you know how much it will cost?			
If you are a Start-up:		If you are an existing business and expanding:	
Estimated Revenue (sales) in first year of operation:		What is the most recent year's gross sales:	
Estimated total start-up expenses (<i>transfer Total Amount from page 5</i>)		Estimated total expansion costs (<i>transfer Total Amount from page 5</i>)	
Will you require financing to start your business? If so, how much?		Will you require financing to complete the expansion? If yes, how much?	

What kind of assets (such as tools, equipment, product, capital, etc.) do you already own? What value do they hold? Existing businesses: list assets and value. (Attach a list if necessary)	
Asset	Value

Please rate your knowledge & experience in the following areas (0=none, 1=minimal, 2=basic knowledge, 3=good knowledge, 4=extensive)	
Marketing	
Websites & Social Media	
Sales & Networking	
Bookkeeping & Record Keeping	
Administration & Banking	
Understanding Financial Statements	
Performing Market Research	
Management & Supervision	
How to Write a Business Plan	

Start-Up/Expansion Costs

Expense	Amount	Description
Total Start-Up/Expansion Costs		

Examples: beginning inventory, equipment, insurance, tools, office supplies, marketing material, first/last rent, office equipment, utility deposits, licenses, permits, inspections, website, POS system, hardware/software, renovations, etc.

How did you hear about this program?

This program requires that you work with The Business Centre to develop your business plan. You must be 100% dedicated to the program and your business. This will include meeting all the requirements as indicated in the information package. The possibility to compete for Provincial grant funding is based on program participation, commitment, completion of your business plan as indicated on the deadline schedule, proven business viability and sustainability, and recommendation from the evaluation committee.

I hereby certify that the above information and attached documents are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for this program and further program opportunities.

Name (please print)

Signature

Witness Signature

Date