

**TEMAGAMI FIRST NATION
ECONOMIC DEVELOPMENT FUNDS
SMALL BUSINESS GRANT PROGRAM
GRANT APPLICATION**

Personal Information

Name:		Band Number
Mailing Address:	City/Town	Prov. Postal Code
Telephone: Home:	Business:	Other Contact phone:
Date of Birth :		Social Insurance Number:
Are you currently employed? Yes () No () If yes, are you employed part-time () or full-time () Employer Name and address:		Employer phone number:

Business Information:

Name of Existing or Proposed Business:		Amount of Grant Requested
Mailing Address if different than above:		Can you provide 20% of the grant through a cash contribution? Yes () No ()
Type of Business: Individual () Partnership () List any partners and percentage of business ownership:	Are you receiving business funds from other sources: Yes () No () If yes, name funding source(s):	
Project Description:		
Projected yearly income:		

Declaration:

I certify that all the information given by me in this application is true and correct.

Signature of Applicant

Date