

**TEMAGAMI FIRST NATION
ECONOMIC DEVELOPMENT FUNDS**



SMALL BUSINESS GRANT PROGRAM APPLICATION

If any box in application form is left unfilled, application may be considered invalid.

Personal Information

Name:		Band Number
Mailing Address:	City/Town	Prov.
		Postal Code
Telephone:	Business:	Other Contact phone:
Home:		
Date of Birth:	Email:	

Business Information:

Name of Existing or Proposed Business:		Amount of Grant Requested
Mailing Address if different than above:		
Are you willing and able to provide a personal contribution equal to or greater than 20% of the grant value? Yes () No () **IMPORTANT** IN ORDER TO BE ELIGIBLE FOR GRANT YOU MUST BE WILLING AND ABLE TO CONTRIBUTE 20% OF GRANT VALUE		
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 – As per the Small Business Grant Policy, set criteria , which will be marked to determine who will be awarded grants: Business Viability / Business Plan - 30 % . Employment Creation - 5 % . Work Ethics/Accountability/Credibility - 10 % . Business Related Experience and Organizational Skills - 30 % . Social and/or Economic Benefits to the community - 15 % . Budget – 10 % . A bonus of 10 points will awarded to all applicants 30 years of age or under at the time of the grant application deadline.		
Projected yearly income:		

Declaration:

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

Signature of Applicant

Date

Both pages in this form (application and budget) MUST be completed

BUDGET FOR _____ (name)

Item	Purpose	To Be Purchased At (Name of Store)	Price

Both pages in this form (application and budget) MUST be completed