

ABEP Consulting/Marketing Summary

APPLICANT IDENTIFICATION

Name (last, first, middle)		
Aboriginal Ancestry: Band	Nation	
Address		
Home Phone	Business or Message Phone	
Cellular (mobile) phone	Fax	
Email		
Birth date	S.I.N.	
Occupation	Salary	
Employer		
Employer's Address	Phone	
Current Bank Phone		
Account Numbers		

BUSINESS IDENTIFICATION

Name of Business (if relevant)
Proprietorship Partnership Incorporation
Address On Reserve? Yes No Band:
Have you applied for funding elsewhere? Yes NoIf yes, identify (on following lines)
Bank or Credit Union Date applied
Other Name of contact:
Date applied
Have you, or any business that you own or have previously owned, received financial assistance from the Government of Canada (including the First Citizens' Fund)? Yes No If yes, identify (on following lines)
Are you involved in any petitions under the "Family Law Act"? Yes No If yes, please provide details.
Have you ever changed your name or are you known by any other names? Yes NoIf yes, please provide details.
Are you a guarantor for any loans? Yes No If yes, provide: Name of Borrower and relationship to you: Amount: Balance:

What is your percentage of business ownership? If not 100%, explain:				
How many full and part-time jobs will be crea	ited by this project?			
Estimate how many positions to be filled by N	lative people:			
Summarize relevant skills, education and exp	erience of key personnel and attach resumes			
PROJECT DESCRIPTION (Briefly describe y	your business idea, use extra paper if needed)			

PROJECT COSTS AND FINANCING

Costs	\$ Financing	\$ %
	Cash Equity	
	ABEP Contribution	
Total Costs	Total Financing	

PERSONAL FINANCIAL STATEMENT

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash ¹		Bank Loan	
Business Equipment ³		Mortgage-Vehicle	
Business Assets ³		VISA	
Other Equipment ³		Mortgage-Other	
Stocks		Cash ¹	
Vehicle		House on-reserve ²	
2 nd vehicle		Charge accounts	
Real-estate			
Household Personal Effects		-	
Life Insurance		-	
		-	
		-	
House (on-reserve) ²			
TOTAL ASSETS	00.00	TOTAL LIABILITIES	
		NET WORTH	

ABEP ELIGIBILITY

a) Applicant Eligibility	check what applies):
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Aboriginal individuals, or an association, partnership, cooperative, for-profit or non-profit body corporate, and legal trustee or other legal entity that is majority owned and controlled by Aboriginal people.
Aboriginal-owned and controlled business development organizations or associations.

b)	Eligible	e Activities:
		Business Advisory Services and Training - Studies for pre-feasibility and feasibility, market assessments, business and financial planning, negotiations, environmental evaluation, information gathering, and diagnostic studies; construction, architectural, engineering and project design activities.
тн	E CONS	ULTANT (Provide details about the consultant)
СО	NSULT	ATIONS (Provide details about any engagement)

Previous ABEP Projects Approved

Proj	ject #	Amount	Purpose	Status of Project	
ABEP I	File che	cklist:			
	certific	ate & driver	's license. D	ride a copy of your status card, Nisga'a Citizen Card, Metis card, birth o not send through fax, as these tend not to be legible. Send clear or bring in and we will copy documents for you.	
	Company/band owned businesses must provide a band council resolution and/or board of director's motion authorizing the application for business support, which also includes the band equity portion.				
			_	and if a corporation or limited company, a copy of articles of applicant can borrow/access programs on behalf of the corporation.	
	Evidence of cash equity must be provided prior to processing the project. ABEP will cover up to a 75% contribution of a business plan cost; the client must commit the other 25%. If a marketing project, the ABEP will cover up to a 60% contribution while the client is responsible for 40%.				
	Copy of the Notice of Assessments as well as provide tax returns from the last three years of the applicant.				
	Band owned/Companies must provide their financial statements from the last three years.				
	Price quote from the consultant for a business plan project, three quotes are needed if the overall cost is over \$25,000.00. For a marketing project, quotes for requested marketing costs are needed for the file.				
			•	sts, the finished business plan must be submitted for the file. Also will be required.	

Schedule A Declaration of Applicant

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND ABILITY:

- I/we are of North American Aboriginal ancestry and are at least 51% owner-operator of the proposed business:
- That the business or business head office is located in British Columbia;
- The information given in this application and accompanying attachments is complete, true and correct.
- All relevant information that is material to the application has been fully disclosed to Tribal Resources Investment Corporation (Tricorp).
- I/we will provide all information required by Tricorp.
- I/we hereby authorize Tricorp to obtain any background information it deems necessary concerning this
 application, including but not confined to, reports from the credit bureaus, retail credit company, Dun &
 Bradstreet, Government funding or any other source or agency that Tricorp considers appropriate.
- I/we authorize duly appointed representatives of Tricorp to obtain from, and share with, any person or organization, public or private, any information in relation to my application as Tricorp may require in the assessment of this application.
- Subject to the provisions of the Freedom and Information and Protection of Privacy Act, Tricorp may release certain information regarding the Applicant that it receives under this program.
- I/we agree to notify you immediately of any material change of condition while indebted to you. In the event that such notification is not given, or if acts that, in your opinion, either do or could adversely affect Tricorp's interest, then any and all outstanding obligations may, at your election become due and payable without demand or notice and may be charged against any and all assets of the undersigned in possession and control of Tricorp.
- Completion and submission of this declaration form implies consent to the above access and disclosure for the purposes described.

Signed at:	this	day of	, 20
Witness – Print Name Legal		Name (of Applicant
 Date		Authoriz	red Signatory