



# Aboriginal Business Equity Fund Consulting/Marketing Summary

## APPLICANT IDENTIFICATION

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Name (last, first, middle)

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Aboriginal Ancestry: Band

Nation

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Address

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Home Phone

Business or Message Phone

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Cellular (mobile) phone

Fax

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Email

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Birth date

S.I.N.

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Occupation

Salary

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Employer

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Employer's Address

Phone

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Current Bank Phone

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Account Numbers

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**BUSINESS IDENTIFICATION**

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Name of Business (if relevant)

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Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Incorporation \_\_\_\_\_

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Address On Reserve? Yes \_\_\_\_\_ No \_\_\_\_\_ Band:

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Have you applied for funding elsewhere? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, identify (on following lines)

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Bank or Credit Union Date applied

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Other Name of contact:

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Date applied

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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)

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Are you involved in any petitions under the "Family Law Act"? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide details.

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Have you ever changed your name or are you known by any other names? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide details.

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Are you a guarantor for any loans? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide: Name of Borrower and relationship to you: Amount: Balance:

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What is your percentage of business ownership? If not 100%, explain:

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How many full and part-time jobs will be created by this project?

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Estimate how many positions to be filled by Native people:

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Summarize relevant skills, education and experience of key personnel and attach resumes

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**PROJECT DESCRIPTION (Briefly describe your business idea, include project scope, timeline and cost)**

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## PROJECT COSTS AND FINANCING

Costs	\$		Financing	\$	%
			Cash Equity		
			ABEP Contribution		
<b>Total Costs</b>			<b>Total Financing</b>		

## PERSONAL FINANCIAL STATEMENT

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

## ABEP ELIGIBILITY

### a) Applicant Eligibility (check what applies):

- 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 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.

**THE CONSULTANT (Provide details about the consultant)**

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**CONSULTATIONS (Provide details about any engagement)**

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## Previous ABEP Projects Approved

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Project #	Amount	Purpose	Status of Project

## ABEP File checklist:

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- A copy of your status card, Nisga'a Citizen Card, Metis card, birth certificate & driver's license. Do not send through fax, as these tend not to be legible. Send clear and legible copies through mail or bring in and we will copy documents for you.
  
- 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 tax returns from the last three years of applicant.
  
- 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.
  
- If applying for business plan costs, the finished business plan must be submitted for the file. Also proof payment has been made 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

\_\_\_\_\_  
Authorized Signatory