



**APPLICATION FOR FINANCIAL ASSISTANCE (CSB)**

The Contributions to Small Business Program is used to help meet the financial needs of individuals, small businesses and communities in Nunavut by providing contributions. These contributions, which do not have to be repaid, are given to individuals, businesses and organizations that are working to build a stronger economy in Nunavut. Projects approved for funding will promote community development, business growth, training and increase jobs and income.

**A) Financial Assistance Requested:**

- Contributions to Small Business (CSB) - \$5,000.00 Maximum**

**B) Project Description:**

Brief description of what funding is to be used for:

---



---



---



---



---



---



---

**C) Application Information:**

Name:	Date of Birth:
Home Address:	<input type="checkbox"/> Beneficiary Beneficiary # _____ <input type="checkbox"/> Non- Beneficiary
Home Phone:	SIN #:
Email:	
Employment Status: <input type="checkbox"/> Employed (full time __ part time __) Position: _____ <input type="checkbox"/> Unemployed <input type="checkbox"/> Receiving E.I. <input type="checkbox"/> Social Assistance <input type="checkbox"/> Other (specify)	Education: <input type="checkbox"/> Public School <input type="checkbox"/> High School <input type="checkbox"/> University/Collage <input type="checkbox"/> Trade School <input type="checkbox"/> Job Training <input type="checkbox"/> Other (specify)
Name of Spouse/Partner (if applicable):	

**D) Estimated Project Costs:**

Eligible Costs:	\$
	\$
	\$
	\$
	\$
	\$
	\$
Ineligible Costs:	\$
	\$
	\$
	\$
<b>Total Project Costs:</b>	\$

**E) Sources of Funding:**

Contributions to Small Business (CSB)	\$	Other Contributions <input type="checkbox"/> Inuit Associations/NTI <input type="checkbox"/> Nunavut Sivummut <input type="checkbox"/> ED&T <input type="checkbox"/> _____ <input type="checkbox"/> _____	\$
Equity: Cash In Kind	\$		
Loans (specify): _____	\$		
<b>Total Project Funds (add all columns): \$</b>			

**F) Previous Assistance Received (during the past 5 year):**

Date	Program	Purpose	Amount
			\$
			\$
			\$
			\$
			\$

**Declaration of Application**

I do swear that I have personal knowledge of the matters discussed in this application and state that:

- To the best of my knowledge, all statement made and material provided by or on behalf of the undersigned are true and correct;
- The Proposed business plan or project complies with municipal, territorial or federal laws;
- I agree to let representatives of Designated Inuit Organizations, Nunavut Tunngavik Inc., and Kivalliq Partners in Development, Access to the site and premises of the project, to inspect books, accounts, records, to make inquiries and to obtain any other information necessary to evaluate the application or the resultant project;
- I authorize Kivalliq Partners in Development to obtain personal and credit information about me from any source;
- If approved, I agree to supply relevant receipts requested by Designated Inuit Organizations and the Kivalliq Partners in Development; and
- I make this declaration believing that it to be true and knowing that it is of the same force and effect as if made under oath.

Signed this \_\_\_ day of \_\_\_\_\_, 20\_\_, in the community of \_\_\_\_\_, Nunavut.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Witness