

C) Application Information:

Name:	Date of Birth:
Home Address:	<input type="checkbox"/> Beneficiary Beneficiary # _____ <input type="checkbox"/> Non- Beneficiary
Home Phone:	SIN #:
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:	\$
	\$
	\$
Total Project Costs:	\$
	\$

E) Sources of Funding:

Contributions to Small Business (BDF)	\$	Equity: Cash In Kind	\$
Contributions to Business Development (BDF) <input type="checkbox"/> Planning & Development <input type="checkbox"/> Business Creation/Expansion <input type="checkbox"/> Marketing & Product Development <input type="checkbox"/> Training (Business Skills) <input type="checkbox"/> Business Relief	\$	Other Contributions <input type="checkbox"/> Inuit Associations/NTI <input type="checkbox"/> Nunavut Sivummut <input type="checkbox"/> ED&T <input type="checkbox"/> _____ <input type="checkbox"/> _____	\$
Loans (specify): _____	\$		
Total Project Funds (add all columns): \$			

H) Personal Net-Worth Statement:

Sources of Income	Annual Amount
Employment	\$ _____
Social Assistance	\$ _____
Employment Insurance	\$ _____
Other (specify) _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
(1) Total Income	\$ _____

Assets	Market Value
Cash & Bank Deposits	\$ _____
Vehicles & Equipment	\$ _____
Real Estate	\$ _____
Other (specify) _____	\$ _____
Other _____	\$ _____
(2) Total Assets	\$ _____

Liabilities	Balance
Loans	\$ _____
Mortgages	\$ _____
Credit Cards	\$ _____
Other (specify) _____	\$ _____
Other _____	\$ _____
(3) Total Liabilities	\$ _____

Personal Net Worth (1+2-3) = \$ _____

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