



NunatuKavut Business Centre

Growing NunatuKavut business, one entrepreneur at a time.

FUNDING APPLICATION

The **Consulting Advisory Services Program** provides funding assistance for clients to conduct such activities as business planning, and marketing strategies. The **Self Employment Assistance (SEA) Program** provides income support for NunatuKavut Community Council members who are starting up new businesses. The **NunatuKavut Entrepreneur Training (NET) Program** provides NunatuKavut Business owners/key staff financial assistance for training purposes.

APPLICANT INFORMATION

Name: _____ SIN: _____

Address: _____ Date of Birth (M/D/Y): ____/____/____

_____ Membership Number: _____

Email: _____ Telephone #: _____

PROJECT INFORMATION

Business Name: _____

Is this business a new or existing business? New Business / < 6 months _____ Existing Business _____

Assistance Needed:

CAS	SEA	NET
Business Plan _____ \$6,500 Maximum	Marketing _____ \$5,000 Maximum	Start-Up Grant _____ \$8,000 Maximum
		Training _____ \$3,500 Maximum

Description of work to be completed: _____

SEA: FINANCIAL INFORMATION

Within your budget, estimate your monthly expenses during your business start-up period. Give the dollar amount for each.

Description	Amount	Description	Amount
Rent		Personal Items	
Clothes		Transportation	
Groceries		Other	
Social Life		Other	
Credit Cards		Total Monthly Budget	

Will you be receiving any additional financial support while starting up your business? If yes, please explain.

CAS: CONSULTANT INFORMATION (FOR BUSINESS PLAN AND MARKETING PROJECTS)

*Please submit a signed quote of proposed work when applying for the CAS Program

Name: _____

Address: _____ Telephone #: _____

_____ Alt. Telephone#: _____

Email: _____

NET: TRAINING INFORMATION

Course Applied: _____

Institution: _____ Location: _____

Program Start: _____ Program End Date: _____

Have you been accepted to this program? YES _____ NO _____ Conditionally _____
**If YES or CONDITIONALLY, please submit supporting document(s) showing that you have applied and/or been accepted.*

Do you have any previous related training? YES _____ NO _____

If YES, please specify Training and Institution:

Length of training: _____ Completion Date: _____

CHECKLIST

PLEASE CHECK AND ATTACH THE FOLLOWING BASED ON APPLICABLE FUNDING PROGRAM

OFFICE USE ONLY:

Client Package/Consent Form	_____	VERIFIED	_____
Proof of Membership	_____	VERIFIED	_____
CAS: Consultant Description*	_____	VERIFIED	_____
CAS/NET: Required Invoices/quotes*	_____	VERIFIED	_____
NET: Evidence of Course Enrollment*	_____	VERIFIED	_____
SEA: Business Plan/Summary*	_____	VERIFIED	_____

**If Applicable*

CONSENT

I am aware that the NunatuKavut Community Council/NunatuKavut Business Centre will share this information with Service Canada, and / or the Department of Advanced Education and Skills. I consent to this disclosure for the purposes of eligibility, entitlement, progress and results.

By signing your name below, you are stating that the information provided is true. You also are providing the NunatuKavut Community Council/NunatuKavut Business Centre the liberty to validate all information with the objective to make the best possible decision regarding your request

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____

BA SIGNATURE: _____ DATE: _____

The NunatuKavut Business Centre mandate is to foster employment through entrepreneurship and to encourage NunatuKavut members to start their own businesses. If you require assistance completing this application, contact our office at: 709.896.5722 ext. 205 / 210 or toll free 1.866.446.5035.

***Please return this application to the
NunatuKavut Business Centre:***

MAIL

P.O. Box 418, Station C,
Happy Valley - Goose Bay, NL, A0P 1C0

SCAN AND EMAIL

businesscentre@nunacor.com

FACSIMILE

709.896.5739

