

FINANCING APPLICATION





APPLICANT(S)			BUSINESS			
Full Legal Name (Applicant #1)		Date of Birth	Business Operating Name			
Heritage		Ownership%	Legal Structure		Established (Year)	
Heritage		Ownersnip%	Legai Structure		Establisheu	
Full Legal Name (Applicant #2, if applicable)		Date of Birth	Description of Business			
Heritage		Ownership%	First Nation (if operating on a First Nation)			
%						
MAILING	G ADDRESS		BUSINESS OPERATING ADDRESS			
Street			Street			
City	Prov	Postal	City		Prov	Postal
Telephone	Email		Telephone		Website	
Which activities best describes	your project?	' (Select any that apply)		·		
		expand ned business	Business	Market	Enhance	
new business esta	blished busine	ess an establish	ied business	Planning	Growth	Management Capacity
PROJECT DESCRIPTION						

	AIC C	COST AND FINANCING		
PLANNING ACTIVITIES				
Cost Category (Select)	\$ Amount	Sources of Financing	% of Costs	\$ Amount
		AIC Contribution		<u> </u>
		Applicant Equity		
		,		
TOTAL PLANNING COSTS		TOTAL PLANNING FINANCING		
BUSINESS INVESMENTS				
Capital (Consult with your AFI first	st regarding f	financing for capital costs)		
Cost Category (Select)	\$ Amount	Sources of Financing	% of Costs	\$ Amount
		AIC Contribution		
		Applicant Equity		
		Commercial Financing		
		Name of AFI/Lender(s) and Financing Terms:	1	
SUB-TOTAL CAPITAL COSTS		SUB-TOTAL CAPITAL FINANCING		
Non-Capital				
Cost Category (Describe)	\$ Amount	Sources of Financing	% of Costs	\$ Amount
Marketing		AIC Contribution		
		Applicant Equity		
Sub-Total Marketing				
Sub-Total Marketing Management Support				
Management Support		SUB-TOTAL NON-CAPITAL FINANCING		
Management Support Sub-Total Business Support		SUB-TOTAL NON-CAPITAL FINANCING		
Management Support Sub-Total Business Support		SUB-TOTAL NON-CAPITAL FINANCING TOTAL BUSINESS INVESTMENT FINANCING		
Management Support Sub-Total Business Support SUB-TOTAL NON-CAPITAL COSTS	COST AI			
Management Support Sub-Total Business Support SUB-TOTAL NON-CAPITAL COSTS	COST AI \$ Amount	TOTAL BUSINESS INVESTMENT FINANCING ND FINANCING SUMMARY Sources of Financing	% of Costs	\$ Amount
Management Support Sub-Total Business Support SUB-TOTAL NON-CAPITAL COSTS TOTAL BUSINESS INVESTMENT COSTS		TOTAL BUSINESS INVESTMENT FINANCING ND FINANCING SUMMARY	% of Costs	\$ Amount
Management Support Sub-Total Business Support SUB-TOTAL NON-CAPITAL COSTS TOTAL BUSINESS INVESTMENT COSTS Phase		TOTAL BUSINESS INVESTMENT FINANCING ND FINANCING SUMMARY Sources of Financing	% of Costs	\$ Amount
Management Support Sub-Total Business Support SUB-TOTAL NON-CAPITAL COSTS TOTAL BUSINESS INVESTMENT COSTS Phase PLANNING		TOTAL BUSINESS INVESTMENT FINANCING ND FINANCING SUMMARY Sources of Financing AIC Contribution (may not exceed \$25,000 without consent of your AFI)	% of Costs	\$ Amount

AIC will consult with your AFI before any making funding decision

Please read each question carefully and enclosed documentation where required. Draft applications may be submitted for feedback but incompleted applications will NOT be considered. Priority will be given to complete application

* documentation for all applications at the time of submission

AIC CHECKLIST	Yes	No	N/A
Have you discussed this application with a representative of Aboriginal Impact Capital (AIC) and/or a southern Ontario Aboriginal Financial Institution (AFIs)? If no, please contact AIC at 888-625-0060 or by email at info@aicap.ca.			
Have you secured (been approved), applied for or discussed applying for any <u>commercial financing</u> (loans and/or lines of credit) with a representative of a southern Ontario Aboriginal Financial Institution (AFIs) or other commercial lender(s)?			
Have you previously received financing from any Aboriginal Financial Institution or any non-repayable support for this or any other business? If yes, provide approximately how much, what year and for what purpose?			
Are you related to a board or staff member of any southern Ontario Aboriginal Financial Institution?			
Have you ever declared bankruptcy, had an asset repossessed and/or been part to any claims or lawsuit?			
Are you or your business in arrears with or have any amounts owing to the Government of Canada, including the Canada Revenue Agency (CRA)? If yes, provide a summary and/or copy (i.e. Statement fo Account).			
Will your business operate on a First Nation?			
If your business will operate on a First Nation, have you presented your project to the council and/or held discussion(s) with a representative of the community (i.e. Economic Development Officer)? If yes, provide a copy of any formal decision (i.e. band council resolution), letters of support and/or correspondence.			
If your business will operate on land that you possess on a First Nation, provide a copy of the Certificate of Possession.			
If your business will operate on a First Nation that issues its own business registrations or licenses, provide a copy.			
Will your project involve any physical work (i.e. construction) on a site that is not on a developed and established industrial park or urban centre?			
For any business, provide a copy of the Master Business License (province of Ontario). If the business is a partnership, also provide a signed (or draft) partnership agreement detailing the percentage (%) ownership of each partner. If the business is a corporation, also provide a copy of the full incorporation documents (Federal or Provincial). If there is more than one shareholder, also provide a signed (or draft) shareholders' agreement that details the names of each shareholder, and each shareholder's percentage (%) ownership in the corporation.			
For each individual Applicant, provide copies of the front and back of the required two (2) pieces of Applicant identification per the program criteria: • Ancestry and Ontario Residency Documentation; and,			
• one (1) other piece of Ontario government-issued identification. See: https://aicap.ca/eligibility-entrepreneurs			
For each individual Applicant, provide a copy of a resume and supporting documentation (i.e. licenses, certificates, references, etc.) that demonstrate the skills, accreditations and experience to manage and operate the business successfully.			
Provide a copy of the most recent bank statement in either your own name(s) or the business name as evidence of the available cash equity totaling at least the sum of: • 10% of the eligible capital costs (excluding HST); plus,			
• 25% of the eligible non-capital and planning costs (excluding HST) .			
For projects that include capital costs, provide copies of correspondence, applications for financing and/or evidence of approval for commercial financing (i.e. loan agreements and/or lines of credit statements).			
Provide documentation that the business has secured or will be able to secure adequate commercial liability and business property insurance (i.e. copy of policy or estimate from an insurer).			
Provide a brief summary of the business, a list of the proposed costs (budget) and quotes for any major costs. If a full project plan (i.e. business plan and financial projections) is also drafted or completed, provide a copy.			
If the project will include the cost of engaging consultants or other service providers for business planning activities, provide copies of estimates and a summary of their qualifications.			
Provide confirmation that the business has or will secure the services of professional bookkeeper or accountant or purchase of accounting software or subscription to an online accounting service.			

BUSINESS QUESTIONNAIRE
Describe your primary products and/or services.
Describe who your customers and revenues streams. Describe your value proposition (why your customer buy).
How do you reach your customer? Describe the channels used to establish and grow relationships with customers.
Who are your nearest competitors?
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Why are you qualified to manage this business? What relevant experience and/or qualifications do you have related to this business? Please describe any education, certifications, work and/or management experience.
What are the key legal or regulatory considerations for this business in the jurisdictions it will operate in?
Have you received any other financial support or advisory for this business from any other organization or program? Who have you consulted with regarding this business or project?
If the business is established, what have the results been? Are financial statements available? If the business is new, what progress
have you made? What are your greatest challenges or needs?
What measurable results/outcomes (\$ revenue increase, \$ cost savings, # of new jobs) do you expected as a result of this project?

DECLARATION	AND CON	ISENT	
I (We) have read and understand this application may be used by Aboriginal Impact Capital (a Development Centre, Tecumseh Community Development Corporation, the Indian Agricultur requests for non-repayable contribution and/or term loans, lines of credit or other financing	ral Program of	Ontario (IAPO) and the Métis Voyageur Developmer	ding Two Rivers Community it Fund, to evaluate
I (We) have discussed this application and project with a representative of Aboriginal Impact understand the applicable program guidelines and understand that failure to provide comple understand that decisions are based on meeting the eligibility and investment criteria of Aboriginal Impact	ete and accurat	e information in a timely manner may result in dela	y or rejection. I (We)
I (We) authorize Aboriginal Impact Capital (AIC) and/or its partner Aboriginal Financial Institucurrent or past employment, education, character, skills and/or abilities in order to verify and Capital (AIC) and/or its partner Aboriginal Financial Institutions (AFIs) to access credit reports	d/or assess any	information provided on this application. I (We) aut	thorize Aboriginal Impact
I (We) understand that no support can be considered for costs incurred prior to AIC receipt o (We) understand that AIC cannot disburse any funds until a contribution agreement is execut advanced, is based on a percentage of costs reimbursed and is contingent on first using my (o to AIC for verification. I (We) understand that I (We) will be responsible for accounting for elig requirement by AIC and its partner Aboriginal Finance Institutions (AFIs) to register and licens to maintain adequate commercial liability and business property insurance.	ted all pre-payr ur) own source gible costs and	nent conditions are met. I (We) understand that AIČ s of cash before submitting claims and supporting do payments and ensuring that vendors that paid in full	funding is not paid in ocumentation acceptable . I (We) understand the
I (We) certify that financial assistance from Aboriginal Impact Capital (AIC) and/or financing fiproceed with this project.	rom its partner	Aboriginal Financial Institutions (AFIs) is a significar	it factor in the decision to
I (We) certify that the information is, to the best of my (our) knowledge and ability, complete implementation and results of this project.	e, true and corr	ect and this will also apply to any information given	in the future regarding
CONSENT REGARDING AUTHORIZED APPLICANT 3RD PARTIES Please list the names of persons or organization you are designating as your representatives and/or authorizing. AIC to communicate with regarding any information related to your business and this application. For example, your consultants, service providers, vendors, employees or family members, etc.			
I (We) authorize, and indemnify from all harm, Aboriginal Impact Capital (AIC) and communicate with the following additional third parties that I (we) am (are) identifications are communicated with the following additional third parties and the communicated with the following additional third parties are compared to the communicated with the following additional third parties are compared to the communicated with the following additional third parties are compared to the communicated with the communi	•	9	
Name(s) of additional authorized 3rd parties and their role(s)			
1			
2			
3			
APPLICANT SIGNATURE(S)			
of Applicant Signature Applicant Signature			
Signed at (City, Province)	Signed on		
	Day	Month	Year
Name of Applicant (Applicant #2, if applicable)	Applicant S	ignature	
Signed at (City, Province)	Signed on		
	Day	Month	Year

PRINT AND SIGN THIS PAGE

FOR OFFICE USE ONLY						
Received	Region	CSD	NAICS	AFI	Complete	

AIC Funding Application v1.0 Rev.2