

APPLICATION FOR FINANCIAL ASSISTANCE

ALL INFORMATION PROVIDED IN THIS APPLICATION WILL REMAIN CONFIDENTIAL.

1. Application for Loan Loan Guarantee Equity Participation

From General Fund Youth Fund Disability Fund

2. Project Name _____

3. Location _____

4. Loan Request Amount _____

5. If you are Incorporated, please proceed to page 3.

PERSONAL INFORMATION

PROJECT NO. _____

1. Mr. Ms. Mrs.

Surname _____ First Name _____ Middle Name _____

Mailing Address _____ Street Address _____

Town _____ Province _____ Postal Code _____

Home Ph. _____ Work Ph. _____ Fax No. _____

2. Social Insurance No. _____ Drivers License No. _____

3. Male Female

4. Date of Birth Day _____ Month _____ Year _____

5. Are you currently employed? If so, explain _____ Gross Monthly Income _____

6. Marital Status Single Married / Common Law No. of Dependents _____

OPTIONAL INFORMATION

A. Are you First Nation? Non-Status? Metis?

B. Name of First Nation _____ Treaty No. _____

C. Are you a Social Assistance recipient? Yes No

D. Are you disabled? Yes No

E. Are you a Youth between 18 and 29? Yes No



PERSONAL FINANCIAL INFORMATION

ASSETS

LIABILITIES

I. CASH ON HAND

Bank 1 _____ Branch _____ Acc't No. _____
 Bank 2 _____ Branch _____ Acc't No. _____ \$ _____

2. CREDIT CARDS

Card 1 _____ Bank _____ Owing _____
 Card 2 _____ Bank _____ Owing _____ \$ _____

3. LIQUID ASSETS (Stocks, Bonds, etc.)

 _____ \$ _____

4. REAL ESTATE

Address 1 _____ Registered Owner(s) _____
 Institution _____ Owing _____ Value _____ Equity _____
 Address 2 _____ Registered Owner(s) _____
 Mortgage Company _____ Owing _____ Value _____ Equity _____ \$ _____ \$ _____
 (Equity or Assets = Value - Balance Owing)

5. AUTOMOBILES

a. Legal Owner _____ Make _____ Model _____ Year _____
 Loan Company _____ Owing _____ Value _____ Equity _____
 b. Legal Owner _____ Make _____ Model _____ Year _____
 Loan Company _____ Owing _____ Value _____ Equity _____ \$ _____ \$ _____

6. LOANS

a. Loan Company _____ Owing _____ Value _____ Equity _____
 Purpose of loan _____
 a. Loan Company _____ Owing _____ Value _____ Equity _____ \$ _____ \$ _____
 Purpose of loan _____

7. OTHER (Please specify) _____

TOTAL \$ _____ \$ _____

NET WORTH = Assets - Liabilities \$ _____

PLEASE ATTACH SEPARATE SHEET IF MORE ROOM IS REQUIRED



BUSINESS DESCRIPTION

1. Name of Proposed/Existing Business _____

2. Mailing Address _____ Street Address _____

Town _____ Province _____ Postal Code _____

Home Ph. _____ Work Ph. _____ Fax No. _____

3. Type of proposed/existing business _____

4. Amount of Financial Assistance Requested _____

5. Purpose of Financial Assistance Requested _____

| <u>6. Estimated Costs Summary</u> | <u>Amount</u> | <u>Financing Summary</u> | <u>Amount</u> |
|-----------------------------------|-----------------|--------------------------|-----------------|
| _____ | \$ _____ | Requested Loan | \$ _____ |
| _____ | \$ _____ | Equity - Cash | \$ _____ |
| _____ | \$ _____ | Other | \$ _____ |
| _____ | \$ _____ | Other sources | \$ _____ |
| _____ | \$ _____ | Private loans | \$ _____ |
| TOTAL | \$ _____ | TOTAL | \$ _____ |

7. Has the business name been registered? No Yes If YES, please attach a copy of the registration confirmation.

8. Is the business already operating? No Yes

If YES, specify start date _____

If NO, specify proposed start date _____

9. Is the Proposed / Existing business a Sole Proprietorship Partnership Corporation

If the business is to be a partnership, state the name(s) of all partners:

| Name | Address | % Interest in Business |
|-------|---------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |



10. Have you applied to any other source for funding for this proposed business? Yes No

If YES, please indicate which source:

Name _____ Status _____ Reason for Rejection _____

11. Your Lawyer _____ Address _____ Phone _____

12. Your Bank(s) _____ Address _____ Phone _____

13. Credit Reference _____ Phone _____

14. Personal Reference _____ Phone _____

15. Have you ever been approved for funding by this or any other program for this or any other proposed business? Yes No

If YES, state which program(s) _____

16. Provide a description of the proposed / existing business (if additional space is required, please attach a separate sheet).

17. Outline the community & social benefits of the business: _____

18. State the estimated employment to be created by the project (exclude jobs created by project construction)

| | ABORIGINAL | | | NON-ABORIGINAL | | |
|--------------------------|------------|-----------|----------|----------------|-----------|----------|
| | Full time | Part time | Seasonal | Full time | Part time | Seasonal |
| New Jobs Created | | | | | | |
| Existing Jobs Maintained | | | | | | |
| Total | | | | | | |

Number of jobs created during the project _____ Period of Construction: From _____ to _____

19. Who are your competitors? _____

20. What is the best type of advertising for you? _____

21. How much do you intend to spend on advertising per year? _____

22. What happens if you fall short of your business plan? _____



23. START-UP COSTS FOR FIRST 12 MONTHS:

Land / Building \$ _____

Renovations \$ _____

Licenses \$ _____

Insurance \$ _____

Professional Fees, Guarantee Fees, Security Deposits \$ _____

Advertising \$ _____

Office - Furniture & Fixtures, Equipment, Supplies \$ _____

Vehicles - Cost, Fuel, Maintenance \$ _____

Operating Equipment - Cost, Fuel, Maintenance \$ _____

Inventory \$ _____

Loan Interest & Repayments \$ _____

Salaries & Wages \$ _____

Personal Drawings \$ _____

Other (please specify) _____ \$ _____

Total \$ _____

24. Amount of Loan requested from Northwest CFDC \$ _____

25. FUNDS:

Equity Cash Investment by Applicant(s) \$ _____

Equity Assets from New or Existing Business \$ _____

Bank or Credit Union \$ _____

Relative and/or Friends \$ _____

Government Programs \$ _____

Other _____ \$ _____

Total \$ _____

26. What security (collateral or guarantee) will you provide for the loan? Attach list with serial numbers: _____

27. How many years will you take to repay your loan? _____



AUTHORIZATION & DECLARATION

I/We, the applicant(s), am/are not an “interested person” on the Northwest Manitoba Community Futures Development Corporation (NWMCFDC), meaning:

1. A director of the Corporation or a member of any committees of the Corporation or a member of the Corporation staff.
2. The spouse, child, sister, brother or parent of a director of the Corporation or a member of any committees of the Corporation or a member of the Corporation staff.
3. A member of the House of Commons or an employee of the federal or provincial government. I/We, the applicant(s), am/are not involved in any litigation proceedings and have never filed a claim of bankruptcy, except:

If NWMCFDC accepts this application, I/we, the applicant(s) agree(s) to execute all documents necessary to give NWMCFDC the security requested by it and agreed to by the applicant(s).

The undersigned declare(s) that the statements made in this application and attached are for the purpose of obtaining business financing and are to the best of my knowledge true and correct, that there are no judgements or other actions outstanding against me/us, except those recorded herein, and that all real estate is registered solely in my/our name unless otherwise stated.

The applicant(s) authorize(s) NWMCFDC to make any enquires it deems necessary to reach a decision on this application, from any sources deemed appropriate and each such source is hereby authorized to provide NWMCFDC with such information.

NWMCFDC is further authorized to disclose at any time information on my loan account to other lenders, credit bureaus, or anyone with whom I/we have financial relations so long as I have authorized the party seeking the information to do so. I/we agree to indemnify and save harmless NWMCFDC from any and all claims in damages or otherwise arising from such disclosure.

I/We understand that NWMCFDC is not acting exclusively for me/us and that it reserves the right to provide financial and non-financial assistance to individuals and corporations which could be seen as my direct or indirect competition without further notice to me.

I/We confirm that I/we have approached conventional lending sources relative to this application for financing and have been unable to secure adequate financial assistance under reasonable terms.

I have no other applications pending with NWMCFDC or any other CFDC on my own behalf, nor on behalf of any affiliated, controlled or subsidiary company associated with me, whether by direct or beneficial share ownership.



I/We confirm that I/we will be responsible for all expenses incurred in preparation of the documentation of this application (such as legal fees, accounting fees, cost of credit checks, etc) and all expenses incurred in implementing the loan, if approved. I/We further confirm that I/we will also be responsible for all of these expenses if funding is subsequently obtained elsewhere, or if any change in plans or actions preclude me /us from proceeding.

I understand that if I/we fail(s) to meet with any or all of the conditions as set out in this application, I/we shall, upon request by the Northern Manitoba Community Futures Development Corporation, be required to repay all funds on demand.

I/We agree to allow Northwest Manitoba Community Futures Development Corporation to promote their involvement with my business by using my business name/logo in any of their marketing and promotion material.

PER:

Signature

Signature

Title

Title

Date

Date

If applicant is incorporated, affix corporate seal.

NOTE: The financing applied for in this application form is funded by Western Economic Diversification. Representatives of that government department conduct regular reviews of the operations of Northwest Manitoba Community Futures Development Corporation and therefore may have access to information in the applicant's file.

The following steps in the application procedure have been established by the Board and delegated to the administration of the Corporation to implement:

1. Loan application form completion and submission - Client Responsibility.
2. Staff screening to determine eligibility.
All applicants will be advised by letter of the screening outcome. Two weeks.
3. If the client meets the criteria, a credit check will be made. Two weeks.
4. A business plan will be requested. Client Responsibility
5. A viability assessment of the project is conducted. Four weeks.
6. Under the Lender of Last Resort requirements, the business plan may be submitted to a recognized lending institute. Two weeks.
7. Submission to the Board of Directors. Depending upon the next scheduled Board of Director's meeting.
8. Notice of Board of Directors decision. One week.
9. Preparation of legal contracts and disbursements. Three weeks.



CASHFLOW PROJECTIONS

| MONTH | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | TOTALS |
|---------------------|---|---|---|---|---|---|---|---|---|----|----|----|--------|
| Cash In | | | | | | | | | | | | | |
| Cash from Sales | | | | | | | | | | | | | |
| Cash Equity | | | | | | | | | | | | | |
| Loans/Grants | | | | | | | | | | | | | |
| TOTAL IN | | | | | | | | | | | | | |
| Cash Out | | | | | | | | | | | | | |
| Purchases | | | | | | | | | | | | | |
| Rent | | | | | | | | | | | | | |
| Salaries & Wages | | | | | | | | | | | | | |
| Personal Drawings | | | | | | | | | | | | | |
| Materials/Inventory | | | | | | | | | | | | | |
| License/Insurance | | | | | | | | | | | | | |
| Advertising | | | | | | | | | | | | | |
| Office Expense | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | |
| Loan Repayment | | | | | | | | | | | | | |
| TOTAL OUT | | | | | | | | | | | | | |
| NET CASH* | | | | | | | | | | | | | |
| SURPLUS | | | | | | | | | | | | | |
| DEFICIT | | | | | | | | | | | | | |

*Total Cash In minus Total Cash Out

SPOUSE OR CO-APPLICANT PERSONAL INFORMATION

1. Mr. Ms. Mrs.

Surname _____ First Name _____ Middle Name _____

Mailing Address _____ Street Address _____

Town _____ Province _____ Postal Code _____

Home Ph. _____ Work Ph. _____ Fax No. _____

2. Social Insurance No. _____ Drivers License No. _____

3. Male Female

4. Date of Birth Day _____ Month _____ Year _____

5. Are you currently employed? If so, explain _____ Gross Monthly Income _____

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D. Are you disabled? Yes No

E. Are you a Youth between 18 and 29? Yes No



SPOUSE OR CO-APPLICANT FINANCIAL INFORMATION

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