

Mississagi Trust

Application form for Small Business to be used by Band Members (excluding Student Summer Businesses)

This application form is to be completed by Mississauga First Nation Band Members who wish funding support for a small business.

Please complete all three sections and all of the appropriate checklists prior to sending.

SECTION A

NAME:

BUSINESS NAME:

ADDRESS:

PHONE NUMBER:

EMAIL:

BAND NUMBER:

WHERE WILL YOUR BUSINESS BE OPERATED?

Have you ever applied for small business funding from Mississagi Trust before?

YES

NO

If Yes, how much did you apply for? \$

When?

Was it approved?

YES

NO

STRUCTURE OF BUSINESS (Please check only one)

Individual/Sole Proprietorship

Corporation

Partnership

If your business is a Corporation or a Partnership please complete the appropriate checklist and attach it to your application form.

FOR OFFICE USE ONLY

Identifier Number

SECTION B – Purpose of Request

In the following chart outlines details of your request. Select the most appropriate category in the first column and then give details in the second. The details should include information about what you are seeking financial support from Mississagi Trust for. Include information about your business proposal as outlined in the application guidelines.

Please select the most appropriate category	Please provide details about your request
<input type="checkbox"/> Start-Up	
<input type="checkbox"/> Expansion	
<input type="checkbox"/> OTHER	

EDUCATION/EXPERIENCE

Please provide a statement outlining your education, training, employment history and management experience and how it relates to your proposal. Attach a résumé to your application.

ESTIMATED PROJECT COSTS

Please fill in the following chart outlining what you expect to spend on each item.

Identifier Number

FOR START UP BUSINESSES ONLY		FOR BUSINESS EXPANSION ONLY	
Category/Item	Estimated Cost	Category/Item	Estimated Cost
<u>Business Costs</u> <i>CAPTIAL</i> -Land -Building -Equipment -Inventory -Other (Give Details)		<u>Business Costs</u> <i>CAPTIAL</i> -Land -Building -Equipment -Inventory -Other (Give Details)	
<i>OPERATING</i> -Insurance -Utilities -Wages & Benefits -Other (Give Details)		<i>OPERATING</i> -Insurance -Utilities -Wages & Benefits -Other (Give Details)	
<i>MARKETING</i> -Advertising Costs -Promotional Material -Other (Give Details)		<i>MARKETING</i> -Advertising Costs -Promotional Material -Other (Give Details)	
TOTAL ESTIMATED COST		TOTAL ESTIMATED COST	

How much have you currently invested in developing your small business? \$

Identifier Number

FINANCING

How much are you requesting from Mississagi Trust? \$

Type of Financing	Amount	Contact Name and Phone Number
Applicant Investment		
Bank Financing		
Government Program		
Friends/Family		
Partner Investment		
Other Financing (Give Details)		

Please indicate which of the above investors have approved their contribution excluding you.

Identifier Number

SECTION C - Owner's Net Worth

Please complete the following about yourself:

Assets	Amount	Liabilities	Amount
Cash/Bank Balances (confirmation required)		Charge Account Balances	
Real Estate		Mortgages	
Equipment		Loans Outstanding	
Vehicle(s)		Vehicle(s)	
Other (Give Details)		Other (Give Details)	
Other Investments		Other Accounts Owing	
TOTAL ASSETS		TOTAL LIABILITIES	
		NET WORTH Assets minus Liabilities	

If you are seeking financial support for the expansion of an existing business please complete the *Operating Business Schedule*.

If you are operating or plan to operate as a partnership please complete the *Partnership Checklist*.

If you are operating or plan to operate as a corporation please complete the *Corporation Checklist*.

Prior to submitting your application, complete the *Small Business Checklist*.

If your application is approved by the Trustees you are required to publically thank the Trust and the Band members of Mississauga First Nation for the contribution. Provide a brief "Thank You" that explains how this support has benefitted you or your child.

I confirm that the information in this application is accurate and authorize Mississagi Trust to verify any information included in this application.

Signature

Date

Identifier Number

Mississagi Trust

Small Business Checklist

Please complete the following checklist and provide it along with your application form and appropriate documentation.

- Proof of Membership (*photocopy of status card required*)
- Copy of résumé
- Business Plan
- Proof of financial contributions from others
- Proof of cash assets (*a letter from your bank*)

Mississagi Trust

Corporation Checklist

Please complete the following checklist if you are operating or plan to operate a corporation. Provide all the required documentation along with your application.

- Attach a list of corporate shareholders including contact information and what role they have
- Provide a copy of a résumé for each shareholder
- Provide a percentage of ownership for each of the shareholders including you
- Provide a letter from each shareholder confirming their role and contribution
- Provide proof of investment from each shareholder's financial institution
- If your business is already operating, provide a copy of the articles of incorporation

Identifier Number

Mississagi Trust Partnership Checklist

Please complete the following checklist if you are operating or plan to operate as a partnership. Provide all the required documentation along with your application.

Is your ownership of the partnership 50%? YES NO

If no what percentage is your ownership?

Partner's Net Worth

Please complete the following about your partner:

Assets	Amount	Liabilities	Amount
Cash/Bank Balances (confirmation required)		Charge Account Balances	
Real Estate		Mortgages	
Equipment		Loans Outstanding	
Vehicle(s)		Vehicle(s)	
Other (Give Details)		Other (Give Details)	
Other Investments		Other Accounts Owning	
TOTAL ASSETS		TOTAL LIABILITIES	
		NET WORTH Assets minus Liabilities	

- Provide a copy of a résumé for your partner
- Provide a summary of what your partner's role will be
- Proof of cash assets for your partner (*a letter from his/her bank*)
- Provide a letter from your partner confirming his/her role and contribution
- Provide a copy of your draft partnership agreement
- If your business is already operating, provide a copy of the partnership agreement

Identifier Number

Mississagi Trust

Operating Business Schedule

Please complete the following schedule and provide the required documentation along with your application form.

How long have you been operating your business?

Please describe your product or service:

Who is your current client group? (Provide as many details as possible)

Please explain why you are seeking investment for the expansion of your business:

Identifier Number

Please give a brief summary of some of the successes and the challenges that you have had in operating your business.

- Copies of your Business Registration, Vendor's permit and other licenses that you may have
- A list of at least 3 current suppliers with business name, contact name and phone number
- Financial statements for the last three years
(if you have not been operating for three years include the name and contact information of the person who does your record keeping).
- Provide copies of all quotes that you have obtained to substantiate your expansion costs
- Provide a list of names /contact information for any professionals that you have consulted with

Identifier Number