APPLICATION FORM FOR FINANCIAL ASSISTANCE

PRIVATE ENTERPRISE



Information on the Applicant:		
Name:		
Address:		
Telephone:		E-mail:
Which category is best related to your req	uest?	
□ Start-up		Asset acquisition
□ Expansion		Study (feasibility, etc.)
☐ Purchase of an existing business		other (please specify):
IF the business is already in operation: please provide the number of year Gross revenues/sales annually:		
Do you have a NEQ* number? ☐ Yes, ple	ease pr	rovide it: \text{No}
		ect is a start-up, you can register your enterprise as soon as the duly completed create a business is received by the Agent responsible for your file and
What type of clientele are/will you be servi	ing? (1	1. Citizens, 2. Enterprises, 3. Other)
Type of service requested:		
Financial support		
Financial aid programs:		
☐ Entrepreneurial and Economic Diversificat	ition Fu	und (EEDF)
☐ Social Economy Fund (SEF)		
☐ Concertation, Enterprise Trade Fund (CET	TF)	
☐ Structural Projects Fund (SPF)	,	
Technical support		
☐ Reference services		Entrepreneurial training
☐ Business plan		Funding research
☐ Feasibility study		Other (please specify):
Documents required to support your appli	ication	n and for the analysis of your file:
□ Personal balance sheet*;□ Resume;		
□ VOID Cheque		
$f \square$ Business Plan (if completed or required);		
☐ All Quotes; if exceeding \$50,000 – 2 quote	es fron	m 2 different suppliers are required;
$\hfill\Box$ Confirmation of financial partners, letters σ	of supp	port if any;
☐ Written confirmation of monetary contribut	tion;	
*If there is more than one owner, A RESOLUTION	۷ desigr	nating one person responsible with signing authority IS REQUIRED.

Additional documents required FOR an existing business:
☐ Financial statements for the last three years;
☐ Governing documents of the business;
☐ A written confirmation of the intent to sell and a detailed breakdown of the terms of the sale;
☐ Ownership agreement, where applicable.
□ Proof of insurance.
What is the targeted sector of activity of the business?
(1. Cultural, 2. Economic, 3. Environmental, 4. Social, 5. Touristic, 6. Technological)
Detailed description of the project (PLEASE attach an extra sheet if needed)
Job creation:
How many full-time employees does your business have?
How many jobs will be created with this project?
How many jobs will be maintained at the end of the project?
What geographical impact will your project have? (1. Local, 2. Territorial, 3. Regional, 4. Provincial)
Main products/services offered:
Local form of husiness argenizations
Legal form of business organization:
If the business is a partnership or has shareholders: Name % ownership
// Ownership
*If there is more than one course (our newtocashin phoreholders) and ourse more transition and property and

^{*}If there is more than one owner, (ex: partnership, shareholders) each owner must provide a personal balance sheet and resume.

Only complete the following section if seeking financial support.

Financing plan

Indicate the estimated total cost of the project. Please attach all quotes. Do not include taxes, they are not admissible.

Material	Total
Equipment	Total
Labour	Total
Other	Total
Total	

List the sources of funding. Please attach copies of confirmed financial partners.

Sources of funding	\$Amount
Sub-total Sub-total	
Amount requested from the MRC du-Golfe-du-Saint-Laurent	
Total	

^{*} It is MANDATORY for the promoter to make a monetary contribution to the project (amount required varies between MRC funds and/or government funding).

Applicant/Promoter declaration:

I consent to having my file analyzed in accordance with the policies in place at the MRC du Golfe-du-Saint-Laurent and understand that additional information or documents may be requested in order to do so.

I hereby certify that the information provided on this application form and in the accompanying documentation is accurate and complete.

I authorize the MRC du Golfe-du-Saint-Laurent to verify that the business/organization is in compliance with the Registraire des entreprises as well as any Municipal regulations or by-laws.

Signature	Date	_

Upon reception of the application form, an Agent will be assigned to your file and will carry out the necessary procedures to evaluate and assist with your project. It is important to include with the application form, all the documents as mentioned on page 1 to avoid delays. If additional information or documents are required and no contact has been made with the MRC agent for a period of 30 days, the file will be closed.

The MRC reserves the right to perform credit checks on any individual or business that applies for funding at the MRC.

Expenses incurred prior to the acceptance of the project by the council of the MRC and signature of financial aid agreement by both parties are inadmissible.

Financial assistance application forms can be submitted by e-mail at info@mrcgsl.ca, or by mail to the following address:

MRC du Golfe-du-Saint-Laurent 29, chemin d'Aylmer Sound, bureau 400, P.O. Box 77 Chevery QC G0G 1G0