 <b>Sagamok Anishnawbek</b>	<b>Form Title:</b> Business Proposal Summary Form <b>Policy Reference:</b> ASETS Types of Programs 4.1 <b>Page 1 of 2</b>	<b>Form #:</b> ASETS-012 (Appendix L) <b>Date Reviewed:</b> 05/07/14 <b>Date Approved:</b> 05/14/14
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## Business Proposal Summary For

----- Name of Applicant	----- Name of Business
Address: _____	Town: _____ P.C. _____
Telephone: _____	Proposed Business Location: _____

### FORM OF BUSINESS OWNERSHIP:

☐ Sole Proprietor
 ☐ Partnership
 ☐ Corporation

Note: Only one partner may apply for Self Employment Assistance for the same business. The signature section below indicates that all partners understand and agree to the applicant accessing Self Employment Assistance on behalf of the business.

Names of signing officers/shareholders:

**Print Name**

**Signature**

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### CLASSIFICATION OF BUSINESS:


<input type="checkbox"/> Retail <input type="checkbox"/> Food <input type="checkbox"/> Tourism <input type="checkbox"/> Manufacturing <input type="checkbox"/> Service	<input type="checkbox"/> Construction <input type="checkbox"/> Wholesale Distribution Type: _____ <input type="checkbox"/> Other (explain): _____
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☐ New Business
 ☐ Existing Business
 Registration Date: \_\_\_\_\_

**APPLICANT INVOLVEMENT:** Full-time ☐ Part-time ☐ Hours of Operation \_\_\_\_\_

NOTE: Part time does not qualify for financial assistance under the Self Employment Assistance Program

Number of hours applicants plans to work weekly \_\_\_\_\_

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**OBJECTIVES:** Describe what product or service your business will provide.

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**OPERATING REQUIREMENTS:**

What Government regulations, licenses, permits and insurance pertain to your business?

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Have you be obtained all of these requirements? ☐ Yes ☐ No

If no, when do you plan on obtaining these requirements: \_\_\_\_\_

**FINANCIALS**

Total cost of business start up: \$ \_\_\_\_\_

**SOURCE OF FUNDS\*** Must provide proof of approved financing from all sources

<b>AMOUNT OF CLIENT CASH EQUITY</b>	<b>AMOUNT \$</b> _____
<b>LOANS: INSTITUTION</b>	<b>AMOUNT \$</b> _____
<b>LOANS: INSTITUTION</b>	<b>AMOUNT \$</b> _____
<b>GRANTS: INSTITUTION</b>	<b>AMOUNT \$</b> _____
<b>GRANTS: INSTITUTION</b>	<b>AMOUNT \$</b> _____
<b>TOTAL</b>	<b>\$</b> _____

**\*Note Applicant must be prepared to provide proof of financial activity in the form of monthly bank statements showing business activity to maintain Self Employment Assistance**

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