

PARTICIPANT INFORMATION FORM

The following information is required by Natoaganeg Community Development Centre for funding purposes. All applicant's information must be provided. This information is highly confidential and will be utilized to determine eligibility for Natoaganeg's Entrepreneurship Fund (NEF).

	CHECKLIST		
	Provided proof of membership within the Natoaganeg First Nation Band		
	Provided documentation if received other funding from different funding sources and/or Natoaganeg		
	Provided proof of Grade 12 Diploma or proof of Adult Basic Education (If applicable)		
	Provided proof of post – secondary education, college/university degree/certificate (If applicable)		
	Provided a written letter		
	Provided a quote of all tools/equipment and/or consultant(s)		
	Provided an updated resume		
	Provide proof of primary business ownership		
for En	Read all documentation provided (Natoaganeg Entrepreneurship Fund Guidelines 2021 and Guide trepreneurs).		
Once the application is completed, please email the application to spaul@natoaganegcdc.com or drop it off to the Economic Development Centre.			
We thank all those who apply!			
CONSENT TO RELEASE INFORMATION			
I,			
Partic	ipant Signature Date		
- marganic engineering			

PERSONAL INFORMATION				
Social Insurance Number (SIN):	Title: Mr. Ms. Mrs. Miss			
Last Name:	First Name:			
Middle Name(s)/Initials:	Common Name: (if applicable):			
Gender: ☐ Female ☐ Male ☐ Unspecified	Date of Birth:///			
Aboriginal Group: ☐ Registered Indian ☐ Non-status Indian ☐ Métis ☐ Inuit				
Registration/Band Number:	First Nation Name:			
Marital Status: ☐ Married or equivalent ☐ Single ☐ Separated ☐ Divorced ☐ Widowed				
If married or equivalent, spouse's name:				
Dependent Children: ☐ No ☐ Yes, please list ages of children:				
Do you consider yourself to have a disability?				
Other than Aboriginal do you belong to a visible minority group?	Are you a currently a Social Assistance recipient? ☐ No ☐ Yes			
□ No □ Yes □ No □ Yes Labour Force Attachment: □ Unemployed □ Student □ Employed Full-time □ Employed Part-time				
☐ Self-Employed ☐ Other:				
CONTACT I	NFORMATION			
Apt. or Box #:	Street Address:			
City/Province:	Postal Code:			
Other Address:	Other Address, specify:			
Home Phone:	Cell Phone:			
Message Phone:	Email:			
Emergency Contact Name: Phone #:				
INCOME				
Are you currently an Employment Insurance Claimant?	D No ☐ Yes			
If yes Claim Type: Gross Weekly Rate: \$				
Number of Weeks Entitled: Expected End Date:				

EDUCATION LEVEL				
Education: (Choose all that apply)				
 No formal education Grade 9-10 (Secondary III) Secondary School Diploma or GED Apprenticeship/ trades certificate or diploma 	 □ Up to Grade 7-8 (Secondary I-II) □ Grade 11-12 (Secondary IV-V) □ Some post-secondary training □ College, other non-university certificate or diploma 			
☐ University certificate or diploma	☐ University - Bachelor Degree			
☐ University - Masters degree	☐ University – Doctorate			
Province/Territory in which highest level of education & year attained:				
BUSINESS QUESTIONS				
*These questions only apply to business owners. *				
Are you the Primary business owner?				
If you are already a business owner, how long have you been in business?				
Is your business registered for employment?				
Is your business registered? If so, what is the business number.				
Yes, business number				
■ No				
Do you rent a facility/building/equipment?				
Yes, where?				
■ No				
How many people are employed within your business? How many of those employees are Indigenous?				

How many of those employed are from Natoaganeg?			
Hove you ever accessonally ampleyed manual 2 if an every they			
Have you ever occasionally employed people? If so, were they:			
Non-Registered (spouses)			
Registered			
Non-Indigenous			
Registered in a different community			
Are you currently employing anyone?			
Yes,			
■ No			
When were they employed?			
During the last six months			
During the last year			
Were they:			
Full Time			
Part Time			
Seasonal			
BUSINESS FINANCIALS			
Total cost of business start up: \$			
Source of Funds – Must provide proof of approved financing from all sources:			
Amount of client cash – Equity Amount \$			
Loans: Institution Amount \$			
Grants: Institution Amount \$			
TOTAL \$			
If you have received more than one loan or grant from an institution, please list below:			
OTHER:			