

Starter Plus Client Application & Concept

(All information collected is confidential and for program purposes only)

Date of Application: _____

SECTION 1: Personal Information

Legal First Name: _____ Legal Last Name: _____
 Address (include postal code): _____
 Primary Phone Number: _____ Alt Phone Number: _____
 Email Address: _____ Date of Birth: _____

References - Please provide two references. Each of them will be contacted by our office for supporting information.

| | |
|--|--|
| 1) Name: _____ Relationship: _____ Phone: _____ Email: _____ | 2) Name: _____ Relationship: _____ Phone: _____ Email: _____ |
|--|--|

SECTION 2: Business Information

Business Name: _____
 Business Location: _____
Belleville/Quinte West/Hastings/Lennox & Addington/PEC
 Estimated total cost to start-up or expand your business: \$ _____

Equity Worksheet

Participants are required to demonstrate a personal financial contribution into their business of 25% or more of the total value of the grant. This can be a cash or in-kind investment. For a \$5000 grant, you will need to demonstrate a \$1,250 investment.

Please list your contribution here: example: \$475 for marketing flyers _____

New start-ups – Please continue to section 3: New Start Ups

Existing Business – Please skip to Section 4: Expansion of an Existing Business

Section 3: New start-ups

Briefly explain your new business concept and how the Starter Plus grant can assist you?

Briefly describe your product or service.

Briefly explain background, experience, and education that is relevant to this area of business. What qualifications do you have that will assist in operating this business?

Please estimate the number of jobs you will create by starting and maintaining your business in the next year?

1) Full-time: _____ 2) Part-time: _____ 3) Seasonal: _____

Section 4: Expansion of an Existing Business

Please explain your current business: _____

Year registered: _____ Legal structure: _____ Industry: _____

Current Employee Count: _____ Products/services provided: _____

Approximate annual earnings: _____

Briefly explain your expansion goals and the estimated total required dollars to meet those goals? How will the Starter Plus grant assist you?

Briefly describe your background, education, and length of experience relevant to this area of business. What makes you qualified to run this business?

Please estimate the number of jobs you will create by expanding and maintaining your business in the next year?

Full-time: _____ 2) Part-time: _____ 3) Seasonal: _____

Questionnaire (all applicants must complete)

- | | | |
|---|-----|----|
| Are you a Canadian Citizen or permanent resident living in Ontario? | Yes | No |
| Are you a full time student or returning to school in the fall? | Yes | No |
| Will you be a majority owner/or deciding partner in your business? | Yes | No |
| Are you receiving any other government financial support for your business? | Yes | No |
| Will you commit to a minimum of 3monthly mentoring session? | Yes | No |
| Will you commit to investing 35 hours per week to run your business? | Yes | No |
| Are your taxes current and HST is up to date with the Ministry? | Yes | No |

Release and Consent

For the purposes hereof,

“I”, “me”, “my”, “you” and “your” shall mean the undersigned on the undersigned’s own behalf as well as on behalf of the business (es) identified in this form;

“Act” means the Ontario Freedom of Information and Protection of Privacy Act, R.S.O. 1990 c. F. 31

“SBC” means the Small Business Centre of Belleville, Hastings County, Lennox and Addington, Prince Edward County and Quinte West;

“Personal Information” means personal, financial and other details about you that you provide in this Application or otherwise to the Program Provider and SMC and details obtained from others outside of the Program Provider and SBC, including from consultants and professional advisors;

“Program Provider” means your local Small Business Centre or program provider designate.

PRIVACY POLICY:

The Program Provide and SMC are committed to protecting your Personal Information, which protection is regulated by the Act. The Program Provider and SMC may provide your Personal Information to our funding partners to report statistical data and for audit purposes, and to professional advisors and consultants. Neither the Program Provider nor the SBC, will sell or release Personal Information to any third parties except as set out herein, or as may be required at law. If you have any questions or concerns regarding the Program Provider’s or SBC’s policy please report them directly to the applicable SBC Manager.

INSURANCE AND RISK MANAGEMENT:

The Program Provider and SBC have discussed risk management with you (including, but not limited to managing business risk, personal safety risk, employee safety risk, third party liability risk), as well as your obligation to obtain insurance applicable to your business. If you are approved for Starter Company Grant, you will be required to maintain applicable insurance based on the standard for the industry within which you operate your business. The cost of such insurance must be entered in the cash flow statement set out herein

PHOTOGRAPHS AND IMAGES:

The Program Provider and SBC may use images, your name and/or a description of your business for the purposes of promoting Starter Company Program, in media communications, including but not limited to the Program Provider’s or SBC’s website, social media, such as Twitter, Facebook, LinkedIn, YouTube, etc.; newspaper/magazine articles; photos; brochures; and advertisements.

WAIVER:

I waive any right to inspect and approve of media communications. I further waive any and all rights that I may have to use the information and images and agree that any such information and images shall hereafter remain the exclusive property of the Program Provider and SBC. Use of the information and images will be made without any acknowledgement or payment to me.

CERTIFICATION:

I hereby certify that the statement and information in this application are true and correct to the best of my knowledge and belief, and I authorize the Program Provider, and SBC, to investigate all statements or other information contained in this application form and any attachments submitted with it, unless I have stated in writing to the contrary.

ACKNOWLEDGEMENT AND AGREEMENT:

I understand and agree that any misrepresentation, falsification or material omission of information on this application may result in my failure to be accepted into the Starter Company Program. I further acknowledge that I have read and understand the Privacy Policy and Insure and Risk Management provisions set herein.

Participant Name (Please Print): _____

Participant Signature: _____

Program Provider Name (Please Print): _____

Program Provider Signature: _____

Date: _____