

PASKWAYAK BUSINESS DEVELOPMENT CORPORATION
EQUITY ASSISTANCE PROGRAM

PBDC administers an Equity Assistance Program (EAP) to assist in the development of small businesses for Members of the Opaskwayak Cree Nation (OCN).

The EAP funds are available to OCN Members living on or near the OCN reserve, eighteens year of age and over, for purposes of researching, establishing or purchasing a business on the Opaskwayak Cree Nation or within the immediate area of OCN and the Town of The Pas. Eligible applicants are limited to one application per business project.

All types of business projects are eligible and will be considered based on:

- a) completed application form;
- b) completed business plan;
- c) applicant equity contribution (10% or minimum \$150);
- d) confirmation of other funding or financing (as required);
- e) any other special considerations.

Equity Assistance is normally provided at a rate of 20% of total project cost and will match applicant equity up to \$20,000. Equity Assistance for projects exceeding \$100,000 is limited to a maximum contribution of \$20,000. Payment of Equity Assistance funds, if awarded, will be made to one or a combination of suppliers identified in the business plan.

Example 1 – business start-up costs \$100,000.

Total Project Costs		\$100,000
Financing type		
Bank loan	70%	\$70,000
Contributed Equity (client)	10%	\$10,000
PBDC Equity Contribution	20%	\$20,000
Total financing		\$100,000

Example 2 – business start-up costs \$80,000.

Total Project Costs		\$80,000
Financing type		
Bank loan	70%	\$56,000
Contributed Equity (client)	10%	\$8,000
PBDC Equity Contribution	20%	\$16,000
Total financing		\$80,000

Example 3 – business start-up costs \$130,000.

Total Project Costs		\$130,000
Financing type		
Bank loan	74.62%	\$97,000
Contributed Equity (client)	10%	\$13,000
PBDC Equity Contribution	Maximum \$20,000 or 15.38%	\$20,000
Total financing		\$130,000

Please be advised that EA funds are limited to the annual budget and once expended there will be no further assistance available for that fiscal year.

PBDC Economic Development staff will assist OCN Member clients in determining eligibility, completing application forms, identifying other sources of funds and preparing a business plan.

All applications are reviewed by a Committee consisting of one PBDC Corporate Director and one PBDC Economic Development Officer. Decisions are based on the viability of the business, skills, & qualifications of the applicant, community need, number of jobs, spin-off opportunities created, etc. Applications that have been approved will receive a disbursement of funds within a maximum of two weeks, provided other project funding requirements are in place.

Submit your completed application form to:

Darryl Bauer
PBDC Economic Development Officer
e: dbauer@pbdcltd.com
dir: 204-627-7010

PASKWAYAK BUSINESS DEVELOPMENT CORPORATION
 PO Box 10100
 OPASKWAYAK, MB R0B 2J0

Phone: 204-627-7200
 Fax: 204-623-6830

EAP Criteria & Application Issue date: 2012/03/26	Revision Date:	Revision No.: 001
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EQUITY ASSISTANCE PROGRAM
APPLICATION FORM

EAP Criteria & Application Issue date: 2012/03/26	Revision Date:	Revision No.: 001
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**Paskwayak Business Development Corporation
Equity Assistance Program Application Form**

Application to:

Youth Business Assistance Program

Equity Assistance Program

Section A: Personal Information

1.	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.
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Surname	First Name	Middle Name
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Mailing Address	Street Address	City/Town	Province	Postal Code
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Home Phone	Work Phone	Email
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2.	Length at present address		
3.	OCN Membership Number		
4.	Social Insurance Number		
5.	Driver's License Number		
6.	Date of Birth		(YY/MM/DD)
7.	Social Assistance Recipient		(Yes / No)
8.	Male / Female		
9.	Physically Disabled		(Yes / No)
10. Please indicate your current or highest level of study:			
<input type="checkbox"/> grade 9 or less <input type="checkbox"/> grade 10 <input type="checkbox"/> grade 11 <input type="checkbox"/> grade 12		Community College <input type="checkbox"/> year 1 <input type="checkbox"/> year 2 <input type="checkbox"/> year 3	University <input type="checkbox"/> year 1 <input type="checkbox"/> year 2 <input type="checkbox"/> year 3 <input type="checkbox"/> year 4 or more
11. Please provide information on your current or most recent employment:			

11. Please provide information on your current or most recent employment:			
Company Name			
Address			
Position / Title			
Duties / Responsibilities			
Employed from		to	

Section B: Business or Activity Description

1. Type of Activity	

2. Name of Proposed / Existing Business Activity	

3. Is the business currently in operation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, specify how long	
If no, specify proposed start date	

4. Is the proposed business a:			
Sole-Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>	Joint-Venture <input type="checkbox"/>	Summer Project <input type="checkbox"/>

5. If the proposed business / activity is a partnership or joint-venture, indicate the name(s) and contact information for all partners:	

6. Have you applied to any other program for funding for this proposed activity? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please indicate which program (s)	

7. Have you ever been approved for funding by this or any other program for this or any other proposed activity? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please indicate which program (s)	

8. Provide a description of the proposed / existing business. If additional space is required, please attach on a separate sheet or within a business plan:	

9. Who will be your suppliers?	

10. Who is your competition?	

11. Who are your customers?	

12. What form of advertising / marketing would be most effective for your business?	

13. Estimated business / activity costs:			
	Capital Expenditures (land, building, equipment, etc.)		\$
	Rent		\$
	Inventory		\$
	Insurance		\$
	Advertising		\$
	Telephone		\$
	Office Supplies		\$

13. Estimated business / activity costs:		
Salaries & Wages		\$
Personal Drawings		\$
Other		\$
TOTAL FUNDS REQUIRED:		\$
14. Loans (Letters of Confirmation Required)		\$
		\$
PBDC - Equity Contribution (EA / YBA)		\$
Personal Equity Contribution*		\$
TOTAL FUNDS AVAILABLE		\$

* EA applicants must contribute 10% of amount requested if total costs are less than \$10,000, or a minimum of \$100.00

* YBA applicants must contribute 10% of amount requested if total costs are less than \$10,000, or a minimum of \$50.00

Section C: Certification

- A. I, _____, hereby declare that I am the Applicant, or the authorized representative of the Applicant, named in the PBDC Equity Assistance Program Application form.
- B. I have included with this application the business description for which I am requesting assistance, I understand that this and any subsequent information submitted by me and approved under the PBDC Arts & Crafts Grant Program form part of this application.
- C. I understand that the officials responsible for the PBDC Arts & Crafts Grant Program have the authority to assess each application on its individual merits and will exercise their absolute discretion in determining the amount of funding for each business or activity.
- D. I understand that upon approval of this application, the legal entity or the individual, as the case may be, named in the PBDC Arts & Crafts Grant Program Application form undertakes to comply with all conditions as set out in this application.
- E. I understand that if the applicant named fails to meet with any or all of the conditions as set out in this application, the Applicant shall, upon request by the Government of the Opaskwayak Cree Nation, be required to repay all funds on demand or within a reasonable limit of time.

F. I HEREBY AUTHORIZE THE PASKWAYAK BUSINESS DEVELOPMENT CORPORATION TO CONDUCT SUCH INVESTIGATIONS AS THEY DEEM NECESSARY AND BY SIGNATURE ACCEPT AS NOTICE IN WRITING OF, AND AUTHORIZE THE OBTAINING OF ANY INFORMATION REQUIRED RELATED TO THIS APPLICATION FROM ANY SOURCE TO WHICH PBDC MAY APPLY.

IN ADDITION, I AUTHORIZE PBDC TO DISCLOSE AT ANY TIME IN RESPONSE TO DIRECT INQUIRIES FROM ANY OTHER LENDER OR CREDIT INSTITUTION, INCLUDING CREDIT REPORTING AGENCIES, ANY INFORMATION CONCERNING THE APPLICATION THAT PBDC CONSIDERS APPROPRIATE AND I AGREE TO INDEMNIFY AND SAVE HARMLESS PBDC FROM ANY AND ALL CLAIMS IN DAMAGES OR OTHERWISE ARISING FROM ANY SUCH DISCLOSURES MADE BY PBDC.

G. I HEREBY GIVE PERMISSION TO PBDC TO USE MY NAME AND BUSINESS INFORMATION IN THEIR MARKETING EFFORTS TO SHOWCASE SUCCESSFUL BUSINESSES.

H. I ALSO CONFIRM THAT THE INFORMATION GIVEN HEREIN IS TRUE, ACCURATE, AND COMPLETE.

Signature	Date
Witness	Date