



FIRST PEOPLES economic growth fund

ENTREPRENEUR loan application

R. May/09

ALL SECTIONS, APPLICABLE TO THE APPLICANT, MUST BE COMPLETED IN FULL, BEFORE THIS APPLICATION WILL BE CONSIDERED BY FIRST PEOPLES ECONOMIC GROWTH FUND.

Project #

FPEGF Office Use Only

Section A: APPLICANT'S INFORMATION

First Name & Initial: _____ Date of Birth: _____

Month | Day | Year

Last Name: _____ S.I.N. #: _____

Treaty #: _____ Member of (First Nation Name): _____

Driver's License #: _____ Marital Status: _____ # of Dependents: _____

Current Address: _____

City/Community: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell: _____ Fax: _____

Email: _____

Employment Information:

Employer Name & Address: _____

Phone: _____ Occupation: _____

How Long: _____ Gross Annual Income: _____

Previous Employer (if less than 3 years): _____ How Long: _____

Education and/or Training:

Please describe secondary and post secondary courses and training you have received; start with the most recent. Include any degrees, certificates and designations.

Name of Institute	Year Attended	Location	Area of Study / Course	Grade / Diploma / Certification / Degree	Completed	
					Yes	No
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Spouse's Information (if applicable):

Spouse's Name: _____ Date of Birth: _____ S.I.N. #: _____
Month | Day | Year

Treaty #: _____ Member of (First Nation Name): _____

Employer Name & Address: _____ Phone #: _____

Occupation: _____ How Long: _____ Gross Annual Income: _____

Previous Employer (if less than 3 years): _____ How Long: _____

Section B: BUSINESS INFORMATION

Business Structure: Partnership Corporation Co-op Sole Proprietorship

Other: _____

New – Proposed Business Start Date: _____
Month | Day | Year

Existing – Are previous financial statements available and attached? _____

Acquisition

Business Name: _____

Business Mailing Address: _____

Location of Existing or Proposed Business (if different from above): _____

Phone: _____ Fax: _____ Email: _____

Number of jobs being created (including owner's): Full-Time: _____ Part-Time: _____

Number of jobs being maintained (including owner's): Full-Time: _____ Part-Time: _____

Business Ownership:

Name(s) of Owner(s) / Shareholder(s)	Name of First Nation	% of Ownership

Please provide a brief description of the project and list the main reasons you believe your business will succeed.

If this is an existing business, please provide a brief history.

Section C: FINANCIAL INFORMATION

Project Costs & Financing:

Project Costs	\$ _____
Land	\$ _____
Buildings	\$ _____
Equipment	\$ _____
Vehicles	\$ _____
Inventory	\$ _____
Operating	\$ _____
Licenses/Fees	\$ _____
Other (specify) _____	\$ _____
FPEGF Admin Fee (1% of Loan)	\$ _____
Other Borrowing Costs	\$ _____
Total Project Costs	\$ _____

Sources of Financing:

Equity – Cash	\$ _____
Equity – Assets	\$ _____
Equity – Other	\$ _____
First Nation Contribution	\$ _____
FPEGF	\$ _____
Government (specify) _____	\$ _____
Government (specify) _____	\$ _____
Other (specify) _____	\$ _____
Total Financing	\$ _____

Summary of Net Worth:

Cash and/or Bank Balance	\$ _____
Real Estate	\$ _____
Vehicles	\$ _____
Equipment	\$ _____
Inventory	\$ _____
Other (specify) _____	\$ _____
Other (specify) _____	\$ _____
Total Assets (A)	\$ _____

Charge Accounts (Credit Cards)	\$ _____
Mortgages	\$ _____
Loans – Vehicle	\$ _____
Loans – Equipment	\$ _____
Loans – Personal	\$ _____
Accounts Payable	\$ _____
Other (specify) _____	\$ _____
Total Liabilities (B)	\$ _____

Net Worth: A – B = \$ _____

Bank Information:

Bank Name: _____

Branch Address: _____

Contact Name: _____ Phone: _____ Fax: _____

Existing limit on Operating Line of Credit (if applicable): \$ _____

