



Indigenous Entrepreneurship Program

PROGRAM APPLICATION

IN COLLABORATION WITH



Commerce Management Group

46 Pine Street South
Timmins, ON
P4N 2J8

Please submit all applications in-person,
by mail or to evan@commerce-management.com

INSTRUCTION FOR COMPLETING YOUR APPLICATION FORM



1.0 COMPLETE THE APPLICATION

To be considered for the program, applicants must fill out the application in full. This allows the program coordinator to determine eligibility for support. Please answer the questions in full and include any attachments that will support your application such as previous business plans, studies, financial statements, etc.

2.0 SUBMIT THE SIGNED APPLICATION WITH SUPPORTING DOCUMENTATION

Please submit the completed application, including all attachments, to Commerce Management Group. This can be done by:

Mail or in-person

Commerce Management Group
46 Pine Street South
Timmins, ON
P4N 2J8

Email

Evan Lennon
Program Coordinator
Timmins Location
evan@commerce-management.com

3.0 REVIEW BY PROGRAM COORDINATOR

The Program Coordinator will review your application in full to assess your eligibility and will contact you to discuss the proposal in detail. Following the review and discussion, the Program Coordinator will contact you to discuss if your application was successful or not.

4.0 SUBMIT ALL THE REQUIRED DOCUMENTATION

Please ensure that all required documentation is submitted with the application form which includes:

- Evidence of Aboriginal ancestry
- Evidence of sufficient personal financial resources to undertake the project (Can be discussed with Program Coordinator)
- A resume that highlights training, experience and/or education
- A copy of any financial statements available (For existing businesses only)
- A copy of any incorporation or partnership documents (if applicable)
- Any additional information that would support your proposal (ie. Business plan, studies, industry information, etc.)

FUNDING LEVELS

In general, each eligible participant will receive a contribution of \$5,000 being; 50% as a non-repayable equity contribution and 50% as business support services. While there are ceilings for the average contributions offered, the actual contribution from Orica will be limited to what is required to ensure your project proceeds and is viable; levels of support and services will be determined on a case-by-case basis and can be increased or decreased based on need.

- Business Mentoring Services
- Business Support Services
- Training Services for business planning operations
- Business Planning for capital purchases
- Application to other capital funding programs

Where additional support is required, the program contribution and business services can be used to apply for additional government funding for Business Support or Capital Purchase offsets.

1.0 APPLICATION INFORMATION



Applicant Legal Name:

Business Operating Name:

Mailing Address:

Business Address (If different from mailing):

Telephone and Facsimile Numbers

Residence: _____

Cell: _____

Fax: _____

Email: _____

Business Ownership Information

Owner _____

Ancestry _____

Gender _____

%Ownership _____

D.O.B. _____

Education and Experience

Please outline all educational backgrounds and experience regarding the project for all owners. Please attach a resume if applicable.

Sector Information

Please check the sector for which the business applies.

Mining and Mining Supply and Services

Tourism and Hospitality

Forestry and Related Services

Renewable Energy and Service

Agriculture and Food Processing

Other (please specify):

3.0 OTHER INFORMATION

a. Do you know about Orica, its service offerings and related industries?

- Yes
- No

b. Have you, or any other business that you own, received financial assistance from the Government of Ontario or Government of Canada?

- Yes, Details: _____
- No

c. Do you, or your business, owe any money to the Government of Canada? If yes, please indicate to which department or agency and list the amounts.

- Yes, Details: _____
- No

d. Have you already made financial commitments to this project?
If yes, please indicate amounts.

- Yes, Details: _____
- No

4.0 Declaration

To: Orica Aboriginal Entrepreneurship Program

Please find this as my acknowledgement that the statements herein and the attachments reflect an accurate depiction and estimate of details regarding the intended project.

I authorize the representatives of Orica and Commerce Management Group to obtain and share with persons or organizations, public or private, any information necessary to complete the assessment of the project outlined in this Application Form.

I consent to Orica Aboriginal Entrepreneurship Program to share my name, phone number and email address with third-party service providers (who are required to safeguard the handling of information under the Personal Information Protection and Electronic Documents Act (PIPEDA) and/or the Privacy Act for statistical, research and evaluation purposes for the Orica Aboriginal Entrepreneurship Program.

I declare that I have read the application in full and understand the contents of the application herein and that I have answered all information in full and to the best of my ability.

SIGNATURE

DATE

SIGNATURE

DATE

SIGNATURE

DATE

SIGNATURE

DATE