



# Deh Cho Business Development Center

P.O. Box 238

Fort Simpson, NT X0E 0N0

Phone: (867) 695-2441 Fax: (867) 695-2052

## Application for Financial Assistance

<b>Name of Applicant</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>	<b>Phone Number</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>				

Partners	Address	Telephone #
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Legal Type of Business</b>	<input type="text"/>	<b>Nature of Business</b>	<input type="text"/>
<b>Name of Business</b>	<input type="text"/>		

Shareholders and Directors (if Incorporated)			
Name (s)	Address	Telephone #	Position
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Brief Description of Proposal</b>	<input type="text"/>		
<b>Expected Start Date of Project</b>	<input type="text"/>	<b>Expected Completion Date:</b>	<input type="text"/>

Project Description of Costs	Anticipated Sources of Financing			%
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>	<b>TOTAL</b>	<input type="text"/>	<input type="text"/>

**Items Offered as Security**  
*(please identify vehicles using serial numbers, make and model - identify land using legal and municipal descriptions)*

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**Months of Operation per Year**

**Preferred Repayment Schedule**

**Current Number of Employees**

Full Time  Part Time  Full Time

**Expected Number of Employees After Financing**

Full Time  Part Time  Full Time

**Years in Business**

**Reason for Financing**

New Business  Expansion  Maintenance

**Credit / Character References**

Name

Address

Telephone

**Declaration of Applicant**

I have personal knowledge of the matters discussed in this application, and state that:

To the best of my knowledge, all correspondence related to this application is true and correct;

I understand that if my application is approved, the Deh Cho Business Development Center may withhold any and all funds until all required documents or approvals have been accepted by a representative of the Deh Cho BDC;

I agree to let representatives of the Deh Cho Business Development Center access to the site and premises of the project described in this application, to inspect books, accounts, records, to make inquiries and credit checks and to obtain any other information necessary to evaluate this application or the resultant project;

and I make this declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

**Signature**

**Date**

**Location**

**Position**