



### Program Description

#### OBJECTIVE

To provide financial support to Listuguj Mi'gmaq seeking to become self-employed by creating a small profitable business.

#### MEANS

Phase 1 - Pre-startup: Access to professional services for evaluation, training for the development/review of a business plan, financial training and to provide proof of viability

Phase 2 - Startup: Participant allowance for a maximum of 52 weeks and professional services for follow-up and support in the maintenance of the business.

#### ELIGIBILITY

To be eligible for Self Employment Assistance, the participant must be unemployed and in receipt of Employment Insurance Benefits, Social Assistance or have no income.

#### EXPENSES

Eligible expenses under this program may include:

**Professional Fees:** A maximum of \$2,270 during the pre-start up and \$ 960 during the start up.

**Allowance (Startup):** Clients receiving employment insurance benefits will continue to receive their basic benefits with a top-up to minimum wage (if applicable).

**OR**

A non-insurable weekly allowance equal to the current minimum salary rate will be allocated for a minimum of 30 hours per week to a maximum of 40 hours per week.

#### PROCEDURES

##### PHASE 1 - Pre-start up

1. Meet with Career/Employment Counsellor to discuss requirements for application for Pre-start up support.
2. Complete funding application for approval
3. Upon approval, referral will be made to professional services for training for the development/review of a business plan and to provide proof of viability.

##### PHASE 2 - Start up

1. Upon receipt of proof of viability report, complete funding application with Career/Employment Counsellor for start up
2. Upon approval and signing of agreements, begin start up activities according to plan
3. For the duration of the 1 year start up, meet monthly with professional services for support and advise to ensure maintenance and success of business

Prior to the project's start date, all potential participants must attend a scheduled appointment with Listuguj Mi'gmaq Development Centre's Career Counsellor to determine suitability and eligibility for the proposed training/employment measure. All candidates seeking financial assistance from the LMDCouncil will be subject to LMDCentre criteria. Non-compliance will result in a project delay or disqualification for funding.

### SEA PHASE 1 Funding Application



# Listuguj Mi'gmaq Development Centre

IDENTIFICATION	
BUSINESS NAME	
MAILING ADDRESS	
CITY/TOWN POSTAL CODE	PROVINCE
TEL:	FAX:
CONTACT PERSON/APPLICANT'S NAME	

For Office Use Only		
File Number		
If Applicant has accessed funding in the past, has the waiting period been served?	YES	
	NO	
	N/A	

FUNDING <input checked="" type="checkbox"/>		
Start Date:	Ending Date:	
	LMDC Contribution Request	Total Cost
Training for development of Business Plan		
Review of Business Plan		
Business Finance Training		
Business Viability Evaluation		
<b>TOTALS</b>		

SIGNATURE	
_____ Applicant's Signature	_____ Date

APPLICATION CHECK LIST
<input type="checkbox"/> Letter of Intent attached explaining: <ul style="list-style-type: none"> <li><input type="checkbox"/> The business idea, and showing the technical and financial viability of the business idea</li> <li><input type="checkbox"/> Experience or skills related to the project</li> <li><input type="checkbox"/> Relevancy of the business project and entrepreneurial profile</li> <li><input type="checkbox"/> Results of research or steps prior to applying for self employment assistance</li> <li><input type="checkbox"/> That the business will meet a need of the community</li> <li><input type="checkbox"/> That the business project is not in a situation of market saturation in the economic sector</li> <li><input type="checkbox"/> Main activity consists of working on the start-up of business</li> </ul> <input type="checkbox"/> Resume attached <input type="checkbox"/> CLIENT CONSENT/STATUS FORM attached



# Listuguj Mi'gmaq Development Centre

## SEA PHASE 2 Funding Application

IDENTIFICATION	
ORGANIZATION/EMPLOYER	
MAILING ADDRESS	
CITY/TOWN POSTAL CODE	PROVINCE
TEL:	FAX:
CONTACT PERSON	
<b>CRA BUSINESS #</b>	<b>QUEBEC ENTREPRISE #</b>

For Office Use Only		
File Number		
If Applicant has accessed funding in the past, has the waiting period been served?	YES	
	NO	
	N/A	
NOC:		

*Proof of Business Registration attached*

TYPE OF OWNERSHIP
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation

PRINCIPAL OWNERS		
Name and Title	Address	%

*Additional sheets may be attached if necessary.*

PRINCIPAL NATURE OF BUSINESS

FUNDING		
Start Date:	Ending Date:	
	LMDC Contribution Request	Total Cost
<b>TOTALS</b>		

AUTHORIZED TO SIGN		
<p>Please indicate below the person(s) authorized to sign a legal Agreement on behalf of _____</p> <p>_____ with the Listuguj Mi'gmaq Development Centre, as well</p> <p><small>Legal Name of Organization and CRA Business Number</small></p> <p>as the project application form and any official documents related to the project. Any single signature will be sufficient, unless notified to proceed otherwise.</p>		
_____ Name	_____ Title	_____ Sample Signature
_____ Name	_____ Title	_____ Sample Signature

SIGNATURE	
_____	_____
Applicant's Signature	Date

APPLICATION CHECK LIST
<input type="checkbox"/> Business Plan attached <input type="checkbox"/> Proof of Business Registration verification attached



1. IDENTIFICATION		OFFICE USE ONLY		
CLIENT/PARTICIPANT		<i>B1 – Professional Training</i>  <i>B2 – General Academic Upgrading</i>  <i>B3 – Employee Training and Dev</i>  <i>C1-Job Creation Initiatives</i>  <i>C2-Self Employment Assistance</i>		
ADDRESS				
CITY	PROVINCE			POSTAL CODE
TEL:	DOB: DAY			MONTH YEAR
CELL:				
EMAIL				
SIN #	BAND #			

2. ADDITIONAL INFORMATION			
INCOME <input checked="" type="checkbox"/>	STATUS	DEPENDENTS	
EI Benefits	Gender	# of dependent children	
Employed	Marital Status	<b>Name</b>	<b>Age</b>
Social Assistance Benefits	Spoken Languages		
No income	Written languages		
Other			

3. EDUCATIONAL BACKGROUND <small>Please write name of institute where schooling was completed and dates attended.</small>					
Name of Institution		Dates attended		Name of Institution	
GED		Year Achieved	University		Start / End
AESS (QC)		Year Achieved	Correspondence		Start / End
HS Diploma		Start / End	Other:		Start / End
College		Start / End			

4. CONSENT TO RELEASE INFORMATION	
<p>I authorize the Listuguj Mi'gmaq Development Centre (LMDC) to verify my eligibility for Employment Insurance (EI) benefits. I also authorize the LMDC to confirm my membership to the Listuguj Mi'gmaq Nation.</p> <p>I authorize the release and use of any and all pertinent information related to my file to funding sources including Post-Secondary Education, Social Assistance and any provincial or federal funding agency.</p> <p><u>If necessary</u>, I authorize the following person(s) access to:</p> <p>Seek information related to my file _____</p> <p>Retrieve my cheque when requested _____</p> <p>As an LMDC client, I authorize the LMDC to have access to and share information related to my file, from/with other funding sources, educational institutes, ministries and organizations or employers and sponsors, as deemed pertinent to my action plan.</p> <p>I understand that information contained in my file will be released to Human Resources Development Canada (HRDC) for statistical purposes and notice of participation in a measure.</p>	
_____ Signature	_____ Date
_____ Witness	_____ Date