

NOHFC APPLICATION FORM

Enterprise North Job Creation / Emerging Technology Program (Private Sector)

Program Being Applied To: Enterprise North Job Creation
 Emerging Technology Program (Private Sector)

Applicant Name (exact legal)

Operating As (if applicable)

Entity Type (check appropriate)

Corporation Sole Proprietorship Other

Date Business Registered/Incorporated And Registration #	Under Laws Of
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Mailing Address	Province	Postal Code
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Telephone () -	Fax () -
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E-mail

Project Location	Lead Contact
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Project Description

Start Date	Completion Date
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PRINCIPALS (Shareholders / Officers / Partners / Directors)*

Full Name and Home Address			Position	

- Where a shareholder or partner is another Corporation, the individual owners must be set out. Identify Directors with an asterisk (*).
- A consent form must be completed for each principal and submitted with this application.

DESCRIPTION OF BUSINESS: New Existing

Type

Background

Products

Markets

Major Competitors

AUTHORIZATION: The Applicant hereby authorizes the NOHFC, or its authorized program administrator ("Administrator"), to contact (i) the Applicant's bankers, accountant, solicitor and insurance agent and (ii) credit bureaus, to verify the information concerning the affairs of the Applicant described in this application, to obtain such credit bureau and other reports as the NOHFC or Administrator considers reasonably necessary to assess this application, and to disclose the results of their investigations to each other. The Applicant agrees to take such steps as may be necessary to authorize its bankers, accountant, solicitor and insurance agent to disclose to the NOHFC or Administrator such information as may be required for the purposes set out above.

CERTIFICATION: The Applicant hereby certifies that a signed notice and consent from each principal, in the form supplied by the NOHFC, is attached to this application.

As the lead contact and as an authorized signing officer of the Applicant, I certify to the Northern Ontario Heritage Fund Corporation (NOHFC) that the information contained in this application, which includes the supporting documentation submitted herewith, is true and complete in all respects. If NOHFC discovers that this application contains a material misrepresentation, this application shall be deemed to be withdrawn immediately by the Applicant.

The Applicant agrees to provide any additional information that NOHFC or its authorized program administrator may reasonably require for purposes of assessing this application and administering the Program.

Date:

Legal Name of Applicant

Authorized Signature

Title

Applications must be completed and submitted to:

Northern Ontario Heritage Fund Corporation
70 Foster Drive, Suite 200
Sault Ste. Marie, Ontario P6A 6V8
Telephone: 1-800-461-8329 or 705-945-6700
Fax : 705-945-6701
www.nohfc.com
Email nohfc@ndm.gov.on.ca

Notice and Consent to the Collection, Use and Disclosure of Personal Information

From: _____
(print name of consenting individual)

To: Northern Ontario Heritage Fund Corporation (“NOHFC”)

Re: _____ (“the Applicant”)
(print name of Applicant)

Application for funding under the [choose one]

- Enterprise North Job Creation Program
- Emerging Technology Program (Private Sector)

(“the Application”)

Notice: Collection of personal information on this form is necessary for the proper administration of the Northern Ontario Heritage Fund Corporation’s (NOHFC) Enterprise North Job Creation Program. The personal information collected here may be disclosed to and used by the NOHFC, the Ministry of Northern Development and Mines (MNDM) or their agents or contractors, for purposes of assessing this application. Personal information may be disclosed to and used by other Ontario ministries or federal bodies, which may be consulted as part of the assessment of this application. It will also be disclosed to and used by the NOHFC, MNDM or their agents or contractors for the purposes of administering the Enterprise North Job Creation Program, for assessing client satisfaction and evaluating the program. Your application may be disclosed to and used by the NOHFC, MNDM or their agents or contractors for the purpose of creating communication products about the program, however your personal information will not be included in the communications products created without first obtaining your consent.

The applicant acknowledges the collection, use and disclosure for the purposes noted above, and that he/she may be contacted by NOHFC, MNDM or their agents or contractors with respect to his/her participation in the program to obtain feedback on the process, to assist with improvements and program evaluation. Questions about the collection of this personal information may be addressed to the NOHFC, Financial Officer, 70 Foster Drive, Suite 200, Sault Ste. Marie, Ontario, P6A 6V8, or by phone at 1-800-461-8329

Required Information:

Social Insurance No.: _____
(Indicate the consenting individual’s SIN)

% of ownership: _____
(Indicate the % of consenting individual’s ownership in Applicant’s business)

Consent:

I am a principal (shareholder, director, officer or partner) of the Applicant.

By signing this consent, I affirm that the personal information about me that is contained in the Application is true.

I consent to the collection, use and disclosure of my personal information by (i) the Applicant, for purposes of submitting the Application, and (ii) NOHFC or its authorized program administrator (“Administrator”), for the purpose of assessing the Application and administering the program identified

above, including obtaining a credit bureau report concerning me and verifying my personal information contained in the Application.

I consent to NOHFC and Administrator collecting, using, disclosing, verifying, sharing and exchanging credit and other information about me with others, including credit bureaus, banks and other persons and entities with whom I have financial dealings, provided that such collection, use and disclosure is reasonably necessary for the assessment of the Application and administration of the program identified above. I agree to take such steps as may be necessary to authorize my banker(s), accountant, solicitor and insurance agent to disclose to NOHFC and Administrator such information as may be required for the purposes set out above.

_____ Signed by: _____

_____ _____
(signature of consenting individual)

_____ Date: _____