

# NOHFC APPLICATION FORM

Applicant Name (exact legal)

Operating As (if applicable)

Entity Type (check appropriate)

Corporation

Partnership

Sole Proprietorship

Other

Date Business Registered/Incorporated And Registration #

Under Laws Of

Mailing Address

Province

Postal Code

Telephone  
( ) -

Fax  
( ) -

E-mail

Project Location

Lead Contact

Project Description

Project Benefits

Number of Jobs Created

Start Date

Completion Date

Northern Ontario Young Entrepreneur Program

CERTIFICATION: I certify to the Northern Ontario Heritage Fund Corporation (NOHFC) that the information contained in this application, including all 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If NOHFC discovers that this application contains a material misrepresentation, this application shall be deemed to be withdrawn immediately by the applicant.

NOTICE: Personal information that is contained in this application is collected pursuant to s. 39(1) of the *Freedom of Information and Protection of Privacy Act*, RSO 1990, c.F.31 and will be used to administer the program identified above and for the other purposes set out below. Questions about the collection of this personal information may be addressed to the Executive Director, Northern Ontario Heritage Fund Corporation, Suite 200, Roberta Bondar Place, 70 Foster Drive, Sault Ste. Marie ON P6A 6V8, tel. 1-800-461-8329 or 705- 945-6700.

CONSENT: I consent to the collection, use and disclosure by the Northern Ontario Heritage Fund Corporation (NOHFC), or its authorized program administrator, of the personal information about me contained in Section A of this application, for the following purposes:

- (i) to obtain a credit bureau report about me;
- (ii) to obtain information about my business experience from my past and present employers, bankers, creditors and other references named in Section A;
- (iii) to assess this application for funding;
- (iv) to administer the Northern Ontario Young Entrepreneur Program.

I hereby authorize the NOHFC, or its authorized program administrator, to contact the entities listed above and to share the results of their investigation with each other and I agree to authorize those entities to disclose such information as may be required for the purposes set out above.

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Name

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Organization

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Position

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Signature

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Date

**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](mailto:nohfc@ndm.gov.on.ca)**

**Please Proceed to Sections A-E of the Attached Application**

**Section A. Personal Information**

_____	_____	_____
Last Name, First Name, Middle Initial	Date of Birth* *Attach copy of Birth Certificate	Social Insurance Number
Home address _____		
How long have you lived at this address? _____		
_____	_____	_____
City/Town	Province	Postal Code
_____	_____	_____
Home Telephone	Business Telephone	E-Mail Address

Are you a Northern Ontario Resident?  Yes  No

What will your role be in the business and how has your education or experience prepared you for this role?

Role

Education

Business Experience

Have you attended the Small Business Enterprise Training Program or equivalent?  Yes  No  
(If Yes Provide Proof)

**Most Recent Employment:**

1.	Company name _____	Telephone _____ ( ) - _____
	Address _____	Gross Annual Income _____
	Title _____	Date Employed From _____ To _____
	Responsibilities _____	
2.	Company name _____	Telephone _____ ( ) - _____
	Address _____	Gross Annual Income _____
	Title _____	Date Employed From _____ To _____
	Responsibilities _____	

Have you ever been self employed?  Yes  No

\_\_\_\_\_  
If yes, please provide details

Do you or any member of your family own an interest in a similar business or a business of which your proposal in this application might be considered to be a natural extension?  Yes  No

\_\_\_\_\_  
If yes, please provide details

**References:**

**Bank Name**

\_\_\_\_\_ Address \_\_\_\_\_  
Telephone ( ) -

Details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Creditors (list)**

\_\_\_\_\_ Telephone ( ) -  
\_\_\_\_\_ ( ) -  
\_\_\_\_\_ ( ) -  
\_\_\_\_\_ ( ) -  
\_\_\_\_\_ ( ) -

Details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal (list)**

\_\_\_\_\_ Telephone ( ) -  
\_\_\_\_\_ ( ) -  
\_\_\_\_\_ ( ) -  
\_\_\_\_\_ ( ) -  
\_\_\_\_\_ ( ) -

Details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Net Worth Statement:**

<u>Assets</u>		<u>Liabilities</u>	
Cash	\$	Mortgages	\$
Liquid Assets (Stocks, bonds etc)	\$	Loans (list)	\$
			\$
			\$
Vehicles	\$	Credit Cards (list)	\$
			\$
Real Estate	\$		\$
<b>Total Assets</b>	<b>\$</b>	<b>Total Liabilities</b>	<b>\$</b>

**Net Worth** (total assets minus total liabilities) \$

## Section B. Business Plan

As part of your Northern Ontario Young Entrepreneur business proposal you must submit a written business plan, which also includes a one year cashflow forecast, opening costs and funding source schedule and 3 year projected income statement. If space provided is insufficient, please attached separate sheets. It is essential that all questions and schedules be completed otherwise your application cannot be fairly evaluated.

### 1. Business Profile

#### Form of Ownership

Sole Proprietorship: Full Name \_\_\_\_\_

Partnership: Full Names \_\_\_\_\_

Corporation: Name of signing officers who are shareholders \_\_\_\_\_

#### Classification of Business (please check)

Manufacturing  Processing  Service

Construction  Wholesale/Distribution  Franchise

Other/Specify \_\_\_\_\_

Will your involvement in this business be full time? Yes  No

If not full time, please explain:

### 2. Objectives

Describe in detail what your business will do and what products or services you will be providing.

### 3. Competition And Suppliers:

Who are your competitors, what are their locations and how long have they been in business?

Explain why customers will prefer your product or service over your competitors.

Who are your major suppliers, where are they located and what are the credit terms? Can you change your suppliers easily if required?

### 4. Customers/Marketing:

What market research have you conducted to determine how many potential customer are in the areas where you plan to operate? The research may include door to door, telephone or mail survey, discussions with suppliers or competitors and statistical data. Please provide both the details of the research (copy of questionnaire /survey) and the results.

What are the characteristics of your typical customer (age, location, education, etc)?

How will you inform customers about your product or service (marketing plan)?

## 5. Price And Costs:

What does it cost to offer your product(s) or service(s) to your customers (cost may be expressed per unit, hour or job)? Provide a breakdown of how you determined your cost including materials, labour, inventory and overhead costs (rent, utilities etc).

What price will you charge customers for your product(s) or service(s)? State prices in terms of quantity or fee per hour. If Prices vary, give an example. Provide a breakdown of how you arrived at your prices (include your costs and mark-up or profit margins).

What level of sales would you have to reach to just cover your costs (break-even point)?

Have you made provisions for contingency costs, such as warranty/servicing, insurance and start-up in your pricing?

## 6. Operating Requirements:

What government regulations, licenses, permits and insurance pertain to your business and have they been obtained?

Identify your business requirements such as size and type of premises, equipment, furniture and fixtures. Will they be leased or purchased and will deposits be required?

What skills are required to operate your business and who will provide them?

How many employees will you have to hire? (*Part Time – P/T Full Time – F/T*)

Number of Employees            At start up \_\_\_\_\_ P/T \_\_\_\_\_ F/T \_\_\_\_\_            Year 3 \_\_\_\_\_ P/T \_\_\_\_\_ F/T \_\_\_\_\_

Will franchises, patents, trademarks, licensing and distribution agreements be important factors in your business? If yes, provide a copy of the appropriate agreement and a Letter of Opinion on that agreement from your lawyer.



Section D. Projected Income Statements (Years 1 and 2)

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total Year 1	Total Year 2
<b>Sales</b>	\$	\$	\$	\$	\$	\$
Less: Cost of goods sold						
<b>Gross Profit</b>						
Less: Selling Expenses						
Office Expenses						
General Expenses						
Interest Expenses						
<b>Operating Profit</b>						
Less: Taxes Payable Or Owners drawings						
<b>Net Income</b>						





**Notice:** Collection of personal information on this form is necessary for the proper administration of the Northern Ontario Heritage Fund Corporation's (NOHFC) Young Entrepreneur 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 Young Entrepreneur 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