

## STARTER COMPANY PLUS ELIGIBILITY

	YES	NO
Are you a full-time student and returning back to school?	<input type="checkbox"/>	<input type="checkbox"/>
Are you proposing a new company, expansion of an existing company or buying one from an entrepreneur?	<input type="checkbox"/>	<input type="checkbox"/>
Are you prepared to commit a minimum average of 35 hours a week running your business?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a Canadian citizen or Permanent Resident living in Ontario?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received a Starter Company Plus grant before?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received another grant before? If yes, please specify.	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
Are you currently enrolled in the Futurpreneur Program?	<input type="checkbox"/>	<input type="checkbox"/>
Do you plan to operate your business in Ontario?	<input type="checkbox"/>	<input type="checkbox"/>
Can you demonstrate up to 25% cash or equivalent commitment to the business?	<input type="checkbox"/>	<input type="checkbox"/>
Are you prepared to commit to the monthly mentorship requirements for six months?	<input type="checkbox"/>	<input type="checkbox"/>
Are you prepared to commit to the business training components of the Starter Company Plus Program?	<input type="checkbox"/>	<input type="checkbox"/>

## STARTER COMPANY PLUS APPLICATION

### PERSONAL INFORMATION

Mr / Ms / Mrs. / Miss \_\_\_\_\_  
Last name First name

Date of Birth YYYY/MM/DD \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: Male / Female

\_\_\_\_\_  
Email Address Phone Number

### PERMANENT MAILING ADDRESS

\_\_\_\_\_  
Street # Apt # Street Name

\_\_\_\_\_  
City Province Postal Code

### BUSINESS INFORMATION

Business Name: \_\_\_\_\_

Mailing Address

Same as permanent mailing address Yes / No

If no, provide business mailing address below

\_\_\_\_\_  
Street # Apt # Street Name

\_\_\_\_\_  
City Province Postal Code

New Business Yes  No

Existing Business Yes  No

Length of operation \_\_\_\_\_ Employees Y  N  Number of full time \_\_\_ part time \_\_\_

Sole Proprietorship  Corporation  Partnership\*

\*If business is a partnership, and only one applicant is eligible, the applicant must provide partnership agreement that reflects the applicant is in control of the venture with at least 51% ownership and decision making authority. Only the majority partner will be eligible to receive Starter Company Plus funding.

Business Sector

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Construction           | <input type="checkbox"/> Hospitality/Foods     | <input type="checkbox"/> Import/Export   |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Retail                 | <input type="checkbox"/> Professional Services | <input type="checkbox"/> Technology      |
| <input type="checkbox"/> Tourism       | <input type="checkbox"/> Wholesale/Distribution | <input type="checkbox"/> Education             | <input type="checkbox"/> Arts/Recreation |
| <input type="checkbox"/> Health        | <input type="checkbox"/> Other                  |  |  |

Business Description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Why are you applying for the Starter Company Plus funding? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How have you prepared yourself for this business venture? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What is your greatest concern about starting/growing a business? How can the Small Business Centre help you address this concern?  
 \_\_\_\_\_  
 \_\_\_\_\_

How did you hear about the Starter Company Plus program?

- Starter Company Plus website   
  Small Business Centre Website   
  Radio Advertisement  
 Newspaper Advertisement   
  Employment Counsellor   
  Teacher  
 Social Media   
  Small Business Enterprise Consultant   
  Word of Mouth  
 Other: \_\_\_\_\_

**APPLICANT BACKGROUND**

	SCHOOL NAME	PROGRAM OF STUDY	PROGRAM COMPLETE
SECONDARY SCHOOL			
POST SECONDARY SCHOOL			
OTHER PROGRAMS OR COURSES			
OTHER PROGRAMS OR COURSES			

**REFERENCES**

Provide two references (references must be over the age of 18 and not personally related):

1. Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_
2. Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_



## ACKNOWLEDGMENTS & AGREEMENT

I authorize the Small Business Centre to record information provided by me during the Starter Company Plus program and subsequent follow-ups to verify results.

- I agree to implement the plan proposed in agreement with this agreement and operate my business on a full time basis. I will use best efforts to satisfy targets set out in the business plan.
- I agree to use the grant provided for the agreed upon expenses set out in the final business plan submitted. Any material changes to the grant spending must be approved by the Small Business Centre. Proof of spending must be provided to the Small Business Centre.
- I agree to meet with Small Business Centre 4 weeks, 12 weeks and 6 months after receiving the grant to provide financial and progress updates as requested.
- I agree to meet with my assigned mentor on the agreed upon dates up until 6 months after receiving the grant.
- I agree to comply with all applicable laws, regulations and orders and duly observe all requirements of governmental authorities, and all statutes and regulations, which could affect me and my business.
- I agree to carry the necessary, required and appropriate insurance that a prudent person in a similar business would normally maintain. I am responsible for my own insurance. I am aware that there is no protection provided by the Starter Company Plus program for any claims that may arise while I am in the program.
- I agree that the payment of \$100 submitted with the application is applied directly to the training provided by the Small Business Centre.

**I therefore agree that if I am selected to participant in the Starter Company Plus program, there is no guarantee of receiving the grant. Should I be selected to participate in the Grant Committee presentations, I therefore agree to accept the grant provided, monitoring and mentorship over the 3 months after receiving the grant.**

I hereby certify that the statements and information in this application form are true and correct to the best of my knowledge and belief, and I authorize the Small Business Centre to investigate all statements or other information contained in this application form and any attachments submitted with it. I understand and agree that any misrepresentation, falsification or material omission of information on this application may result in my failure to be accepted into the Starter Company Plus Program.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Personal information on this form is collected in connection with the administration of counselling service to small businesses operating or proposing to operate as part of the Starter Company Plus Program in accordance with s. 108 of the *Municipal Act, 2001*, S.O. 2001, c. 25. It may also be used to communicate with you on other initiatives, programs and services as the Small Business Centre may make available from time to time. For more information on this collection please contact your local Small Business Centre. All information collected in accordance with the Starter Company Plus Program is subject to disclosure in accordance with the provisions of the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. M.56.