Kivalliq Inuit Association
32-4 Sivulliq Ave.
PO Box 340
Rankin Inlet, NU X0C 0G0

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ᐅᖃᓗᑖ/Tel: (867) 645-5725
ᓱᒃᑲᔪᒃᑯᑦ/Fax: (867) 645-2348
ᐊᑭᖃᙱᑦᑐᒃᑯᑦ/Toll free: 1-800-220-6581
www.kivalliqinuit.ca

Application for a Business Development Fund Contribution

The Inuit Opportunities Fund (IOF) is used to support economic activities related to tourism by Inuit-owned and –controlled business ventures in Baker Lake.

A) Financial Assistance Requested:

- ☐ Feasibility study; business planning; market study;
- ☐ Business valuation; asset condition assessments and appraisals;
- ☐ Legal and other professional fees; negotiation;
- ☐ Accounting support and training; management and technical training;
- ☐ Purchase of assets; operating costs of a start-up.

Contact Person:	Position in the business:
Business Name:	Phone: (Home/Work/Cell)
Community:	Email:
Address: (Civic number/Street name/PO Box)	☐ Proposed Business ☐ New Business ☐ Existing Business, Since: _____
Commercial Activities:	☐ Sole Owner ☐ Partnership* ☐ Corporation* ☐ Co-operative ** Provide list of partners or shareholders/officers*

B) Business Project Description:

_____
_____
_____
_____
_____

Project Start Date:_____ Project Finish Date:_____

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C) Applicant Information:

Name:	Date of Birth:
SIN #:	Beneficiary # _____
Home Address:	Home Phone:
Occupation: ☐ Traditional Economy (harvester/arts&crafts) ☐ Stay-at-home parent ☐ Between Jobs ☐ Employed (full time__ part time__) Position: _____ ☐ Receiving E.I. ☐ Receiving Social Assistance ☐ Receiving Disability Assistance ☐ Self Employed ☐ Student ☐ Other (clarify):	Education: ☐ Primary School, Grade Completed: _____ ☐ High School ☐ Trade School ☐ On-the-Job Training ☐ College/University ☐ Other (clarify):

D) Estimated Project Costs:

Planning, Studies	$
Valuation, Assessment, Appraisal	$
Professional Fees (Legal, Negotiation)	$
Technical/Management Support or Training	$
Asset/Operating Costs of a Start-Up	$
Other (clarify)	$
Ineligible (GST, applicant's required cash)	$
	$
Total Project Costs:	$

E) Previous Assistance Received (most recent 5 years):

Date (Year)	Organization	Amount
	Kivalliq Partners in Development	$
	Kivalliq Inuit Association	$
	GN, Economic Development & Transportation	$
	Canadian Northern Economic Development Agency	$
	Other:	$

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F) Sources of Funding: a minimum of 10% applicant contribution is required.

Inuit Opportunities Fund (IOF)	$	Applicant	$
□ Planning, Studies □ Valuation, Assessment, Appraisal □ Professional Fees (Legal, Negotiation) □ Technical/Management Support or Training □ Asset/Operating Costs of a Start-Up		☐ Cash ☐ In-kind (clarify)	
Other Contributions	**$**	**Loans**	**$**
☐ KIA (BDF)* ☐ CanNor (EBD)* ☐ ED&T (SBSP, SIP)* ☐ Other (clarify)_____		☐ KBDC* ☐ NDC* ☐ NBCC* ☐ Atuqtuarvik Corp	
Total Project Funds (add all columns): $			

* *Definitions*: **KIA (BDF)** = Kivalliq Inuit Association, Business Development Fund
CanNor (EBD) = Canadian Northern Economic Development Agency, Entrepreneurship and Business Development
ED&T (SBSP, SIP) = GN, Economic Development & Transportation, Small Business Support, Strategic Investment Program
KBDC = Kivalliq Business Development Centre
NDC = Nunavut Development Corporation
NBCC = Nunavut Business Credit Corporation

G) Project Benefits:

How many people will be employed? (# of new jobs created/maintained) Beneficiary _____ Non-Beneficiary _____	Support for project/business received from: ☐ Hamlet Council ☐ Community Organization (clarify) _____ ☐ Inuit Association ☐ Other (clarify) _____
Amount of wages to be paid (total): $	
How many people will be trained? Beneficiary _____ Non-Beneficiary _____ For how long?	This project/business supports: ☐ Youth ☐ Elders ☐ Women ☐ Men ☐ Environment ☐ Healthy Communities ☐ Sustainable Livelihoods (hunting/carving/art & crafts) ☐ Other (clarify)_____ _____ _____ _____ _____
% of total project costs spent in Nunavut: %	
Expected increase in business's assets: $	
Are there environmental concerns related to the project? ☐ Yes ☐ No	

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H) Financial Net-Worth Statement:

What You Own (Assets)	Amount or Estimated Value
Cash & Bank Account	$_____
Vehicles & Equipment	$_____
Real Estate	$_____
Other (clarify) _____	$_____
(1) Total Assets	$_____

What You Owe (Debt)	Balance
Loans	$_____
Mortgages	$_____
Credit Cards	$_____
Other (clarify) _____	$_____
(2) Total Debt	$_____

I) Sources of Income	Annual Amount
Employment	$_____
Self-employment	$_____
Passive Income	$_____
Social Assistance	$_____
Employment Insurance	$_____
Disability Assistance	$_____
Other (clarify) _____	$_____
Total Income	$_____

J) Checklist of Supporting Documents:

	Required by Business Type		
Supporting Documents*	**Proposed**	**New**	**Existing**
Copy of NTI Beneficiary card	x	x	x
Proof of Applicant's Cash Contribution	x	x	x
Proof of Inuit ownership (51%+)	x	x	x
Resume of Owner(s) and Partner(s)	x	x	x
Business Proposal (Description of the business, the proposed project and benefits)	x	x	x
Official/Written Quotes	x	x	x
CRA Business Number, GST Number, Payroll Number		x	x
Municipal Business License		x	x
WSCC Certificate of Registration or Compliance		x	x
Proof of Insurance Coverage		x	x
Financial Statements (up to three years)			x

** More documents may be request by the Business Development Officer*

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Declaration of Application

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

- To the best of my knowledge, all statements made and material provided by or on behalf of the undersigned are true and correct;
- The proposed business plan or project complies with municipal, territorial or federal laws;
- I agree to let representatives of Designated Inuit Organizations, Nunavut Tunngavik Inc., and the Kivalliq Inuit Association, access to the site and premises of the project, to inspect books, accounts, records, to make inquiries and to obtain any other information necessary to evaluate the application or the resultant project;
- I authorize the Kivalliq Inuit Association to obtain personal and credit information about me from any source;
- If approved, I agree to supply relevant receipts requested by Designated Inuit Organizations and the Kivalliq Inuit Association; and
- I make this declaration believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signed this____ day of _____, 20__, in the community of _____, Nunavut.

_____	_____
Print Name - Applicant	**Print Name - Witness**
_____	_____
Signature of Applicant	**Signature of Witness**

Please email completed application and supporting documents to info@kivalliqinuit.ca